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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755893 (5)

1. Corporation Name

PALM RIVER HOMEOWNERS AND CIVIC ASSOCIATION, INC



Principal Place of Business

Mailing Address

654 CYPRESS WAY E
NAPLES FL 33942

P.O. Box 420002
NAPLES FL 34110

654 CYPRESS WAY E P.O. Box 420002
NAPLES FL 34110-1112 NAPLES FL 34110

3. Date Incorporated or Qualified
01/14/1981

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 P.O. Box 420002

2a. Mailing Address

26 P.O. Box 420002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NAPLES FL.

27 NAPLES FL.

City & State

City & State

23 34110

28 34110

Zip

Country

24 25 USA

Zip

Country

29 30 USA

4. FEI Number

59-2167714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OGILVE, BENJAMIN
196 FOREST WOOD
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ROBBINS, NATHALY
STREET ADDRESS 654 CYPRESS WAY E.
CITY-ST-ZIP NAPLES FL

TITLE DAT ☒ DELETE

NAME BELT, JOHN F
STREET ADDRESS 130 FAIRWAY CIRCLE
CITY-ST-ZIP NAPLES FL

TITLE DS ☐ DELETE

NAME HUNT, WILLIAM P.
STREET ADDRESS 518 EASTWOOD DR.
CITY-ST-ZIP NAPLES FL

TITLE DT ☐ DELETE

NAME AUBIN, DAVID J.
STREET ADDRESS 256 CYPRESS WAY W.
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☒ Change ☐ Addition

1.2 NAME JEAN R. BELT
1.3 STREET ADDRESS 130 FAIRWAY CIRCLE
1.4 CITY-ST-ZIP NAPLES FL 34110

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME LARRY CHIPPS
2.3 STREET ADDRESS 975 PALM VIEW DRIVE B102
2.4 CITY-ST-ZIP NAPLES FL 34110

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

JEAN R. BELT

JEAN R. BELT

1-27-97

941-597-3499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059855

CR2E037 (9/96)