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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

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1. Corporation Name

PALM RIVER HOMEOWNERS AND CIVIC ASSOCIATION, INC



Principal Place of Business

Mailing Address

P.O. BOX 420002 P.O. Box 110002  
NAPLES FL 34110 NAPLES FL 34108-0002  
US NAPLES FL 34110 NAPLES FL 34108-0002  
US



2. Principal Place of Business

2a. Mailing Address

1 P.O. Box 110002  
Suite, Apt. #, etc.

26 P.O. Box 110002  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
01/14/1981

4. FEI Number  
59-2167714

Applied For  
Not Applicable

2 City & State  
3 NAPLES FL

27 City & State  
28 NAPLES FL

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

Zip Country  
34108-0002 25 USA

Zip Country  
34108-0002 30 USA

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OGILVIE, BENJAMIN  
196 FOREST WOOD  
NAPLES FL 33942 34110

81 Name

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

83

84 City

FL

85 Zip Code  
34110

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BELT, JEAN R.  
STREET ADDRESS 130 FAIRWAY CIRCLE  
CITY-ST-ZIP NAPLES FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME CHIPPS, LARRY  
STREET ADDRESS 975 PALM VIEW DRIVE, B102  
CITY-ST-ZIP NAPLES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DT  
NAME BELT, JOHN F  
STREET ADDRESS 130 FAIRWAY CIR  
CITY-ST-ZIP NAPLES FL 34110

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN F. BELT TREASURER 7-2-99 441-597-3499

CR2E037 (11/98)