

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90032 006 \*\*\*\*61.25

**DOCUMENT # 756953**

1. Entity Name  
**RIVERBEND HOMEOWNERS ASSOCIATION OF LEE  
COUNTY, INC.**



Principal Place of Business  
**76 PONDELLA RD.  
SUITE 201  
N. FORT MYERS, FL 33903 US**

Mailing Address  
**76 PONDELLA RD.  
SUITE 201  
N. FORT MYERS, FL 33903 US**

40018300



01242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>59-2608085</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent <b>LAPOSTA, RICHARD L GULF SHORES C.A.M., INC 76 PONDELLA RD SUITE 201 NORTH FORT MYERS, FL 33903</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with; and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUTNEY, CAROL 15100 RIVERWOOD BLVD SUITE 704 NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOSEPH HARRY 15256 RIVERWOOD BLVD #205B N. FT. MYERS, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PENKERT, KATHLEEN 15190 RIVERBEND NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CECELIA SCULTHORPE 15256 SAM SNEAD LANE N. FT. MYERS, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNERS, BILL 15768 SAM SNEAD LN NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL BONE 15489-7 ADMIRALTY CIRCLE N. FT. MYERS, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKEPEACE, GREGG 15121 SAM SVEADO LANE NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FROSCENO, LOIS 6088 EAGLE WATCH CT FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JINDRA, CYNTHIA 15200 RIVERWOOD BLVD NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol M Putney CAROL M PUTNEY 2/1/08 239-731-6132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #