

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 766216 (6)

1. Corporation Name

RIVERWOODS PLANTATION RV RESORT CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 7:09

Principal Place of Business

Mailing Address

4600 ROBERT E. LEE BLVD.
ESTERO FL 33928

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ESTERO FL 33928

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1982

3a. Date of Last Report

03/28/1994

4. FBI Number

59-2449892

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, JOSEPH E., ESQ.
BECKER, POLIAKOFF & STREITFELD, P.A.
8200 COLLEGE PARKWAY SUITE 104
FT. MYERS FL 33910

33907

13515 BELL TOWER DR.
SUITE 101

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME GATES, GEORGIA
STREET ADDRESS 20131 COBBLESTONE COURT
CITY-ST-ZIP ESTERO FL

1.1 TITLE D
1.2 NAME DOWLING, ANN
1.3 STREET ADDRESS 4711 SPLIT LOG LN
1.4 CITY-ST-ZIP ESTERO FL 33928

TITLE PD
NAME NOLANDER, DONALD
STREET ADDRESS 4500 SAWMILL DRIVE
CITY-ST-ZIP ESTERO FL

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

TITLE TD
NAME WEIR, ROBERT
STREET ADDRESS 4711 CANDLESTICK CT.
CITY-ST-ZIP ESTERO FL

3.1 TITLE TD
3.2 NAME SHUTT, WARD
3.3 STREET ADDRESS 4581 SAWMILL DR
3.4 CITY-ST-ZIP ESTERO FL 33928

TITLE DP
NAME THOMAS, JACK
STREET ADDRESS 4541 CANDLESTICK COURT
CITY-ST-ZIP ESTERO FL

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

TITLE D
NAME WILLIAM, QUANCE
STREET ADDRESS 4821 LINCOLN LN.
CITY-ST-ZIP ESTERO FL 33928

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

TITLE VD
NAME LAKES, EDWARD
STREET ADDRESS 4721 CANDLESTICK COURT
CITY-ST-ZIP ESTERO FL

6.1 TITLE D
6.2 NAME SECTOR, CARL
6.3 STREET ADDRESS 20181 CUMBERLAND CT.
6.4 CITY-ST-ZIP ESTERO FL 33928

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

Georgia W. Gates

1-25-95