2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State
02-08-2002 90016 015 ****61.25

DOCUMENT # 766216

1. Entity Name

RIVERWOODS PLANTATION RV RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4600 ROBERT E. LEE BLVD. ESTERO FL 33928	4600 ROBERT E. LEE BLVD. ESTERO FL 33928

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2449892 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, JOSEPH E., ESQ. BECKER, POLIAKOFF & STREITFELD, P.A. 13515 BELL TOWER DR, SUITE 101 FT.MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSON, CLIFF 4670 LIBERTY LN W ESTERO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINNICK, KEITH 4721 LINCOLN LANE W ESTERO, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KNOLL, STANLEY 4620 LAFAVETTE LANE E ESTERO FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARMSTRONG, NORENE 4500 PLIGRIMS WAY E ESTERO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLANDER, PATRICIA 4500 SAWMILL DR ESTERO FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. NOLANDER, PATRICIA 4500 SAWMILL DR. ESTERO, FL 33928	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSTREAM, THOMAS 4720 WASHINGTON WAY W ESTERO FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. OSTREM, THOMAS 4720 WASHINGTON WAY W ESTERO FL 33928	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHUTT, WARD 4581 SAWMILL DR E ESTERO FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS JACK 4541 CANDLESTICK CT. E. ESTERO, FL 33928	☐ Change ☒ Addition

CR2E037 (9/01)

12. 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 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: Patricia L. Nolander 1/23 941-947-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #