

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # 766834

**1. Entity Name
RIVERWOODS OF BONITA CONDOMINIUM
ASSOCIATION, INC.**



**Principal Place of Business
27601 PIERCE AVE
BONITA SPRINGS, FL 34135**

**Mailing Address
845 LAKELAND AVE
NAPLES, FL 34110**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**BATCHELOR, DANIEL
ROUTE #41
BONITA SPRINGS, FL 33941**

**DO NOT WRITE
IN THIS SPACE**

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

Daniel Batchelor

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

(NOTE: Registered Agent signature required when retreating)

DATE

1-17-06

**Filing Fee is \$61.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

000000592027
01/18/07 00046 007 61.25

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MATHES, ESTHER
871 69TH AVE. SOUTH
ST. PETERSBURG, FL 33705**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HANSON, BILL
845 LAKEWOOD AVE
NAPLES, FL 34110**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MATHES, JOHN B
27601 PIERCE AVE
BONITA SPRINGS, FL 33923**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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:

Bill Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

Daytime Phone #

239-825-7559