

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90010 050 \*\*\*\*61.25

**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**



01052008 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when renewing)

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

**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

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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:** *Wm Hanson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

*1-7-08 239-825-7559*

Date

Daytime Phone #