


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90154 027 \*\*\*150.00

<b>DOCUMENT # K71357</b>			
1. Entity Name RIVERLAWN TERRACE PARK, INC.			
Principal Place of Business 2012 S OLGA DR #23 FORT MYERS, FL 33905		Mailing Address 80 PONDELLA RD SUITE E N FORT MYERS, FL 33903 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEARDMORE, TERESA L C/O BEARDMORE, FOSTER & ASSOCIATES 80 PONDELLA RD STE E NORTH FORT MYERS, FL 33903		Name <u>TERESA L. BEARDMORE, EA</u> Street Address (P.O. Box Number is Not Acceptable) <u>90 BEARDMORE &amp; ASSOCIATES</u> <u>80 PONDELLA ROAD, SUITE E</u> City <u>N. FT. MYERS</u> FL Zip Code <u>33903</u>	
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 <u>Teresa L. Beardmore EA</u>		SIGNATURE <u>Teresa L. Beardmore EA</u> DATE <u>4-30-08</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when resigning)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORTON, G. ROBERT 2012 S. OLGA DR. #23 FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, DAVID 2012 S. OLGA DR. #30 FT. MYERS FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITENOUR, MARY K 2012 S. OLGA DR #39 FT. MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC CAVANAUGH, CLARE 2012 S. OLGA DR. #15 FT. MYERS FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC GAHAN, PAT 2012 S. OLGA DR #1 FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INMAN, DONALD 2012 S. OLGA DR. #9 FT. MYERS FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEAHY, RITA 2012 S. OLGA DRIVE #43 FORT MYERS, FL 33905 <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	VP WAITE, RON 2012 S OLGA DR #29 FORT MYERS, FL 33905 <input checked="" 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	<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 607, 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: <u>Robert G. Morton</u>		PRESIDENT <u>4/29/08</u> 239-997-1040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40034140



04292008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0092387

Applied For  
Not Applicable

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