

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L91203 (4)

1. Corporation Name
RIVERWOOD DEVELOPMENT, INC.



Principal Place of Business
12800 UNIVERSITY DR
SUITE 350
FT. MYERS FL 33907-5343

Mailing Address
12800 UNIVERSITY DR
SUITE 350
FT. MYERS FL 33907-5343

3. Date Incorporated or Qualified 08/06/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0342194	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent

MARINER GROUP, INC.
12800 UNIVERSITY DRIVE SUITE 350
FT. MYERS FL 33970

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TAYLOR, ROBERT M	
STREET ADDRESS	12800 UNIVERSITY DR #350	
CITY- ST- ZIP	FT MYERS FL	
TITLE	ST	☐ DELETE
NAME	WEAVER, CAROL	
STREET ADDRESS	12800 UNIVERSITY DR., STE. 350	
CITY- ST- ZIP	FORT MYERS FL	
TITLE	V	☐ DELETE
NAME	BLACKETER, JOE K.	
STREET ADDRESS	5749 SANDPIPER PL.	
CITY- ST- ZIP	FT MYERS FL	
TITLE	D	☐ DELETE
NAME	CLAYTON, STEPHEN A.	
STREET ADDRESS	12800 UNIV DR. #350	
CITY- ST- ZIP	FT.MYERS FL	
TITLE	D	☐ DELETE
NAME	PAVELKA, RAYMOND A.	
STREET ADDRESS	12800 UNIV DR. #350	
CITY- ST- ZIP	FT.MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/96 941-481-2411
Date Filed

CR2E034 (12/95)