

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L91214 (1)**  
1. Corporation Name  
**RIVERWOOD REALTY, INC.**



Principal Place of Business: ~~12800 UNIVERSITY DR. SUITE 350 FT. MYERS FL 33907-5000~~  
Mailing Address: ~~12800 UNIVERSITY DR. SUITE 350 FT. MYERS FL 33907-5000~~

3. Date Incorporated or Qualified: **08/06/1990**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **4100 RIVERWOOD DR**  
2a. Mailing Address: **4100 RIVERWOOD DR**

4. FEI Number: **65-0342644**  
Applied For:  Not Applicable

22. City & State: **PT CHARLOTTE FL**  
27. City & State: **PT CHARLOTTE, FL**

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

23. Zip: **33903** Country: **FL**  
28. Zip: **33953** Country: **FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **33903** 25. Country: **FL**  
29. Zip: **33953** 30. Country: **FL**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
~~MARINER GROUP, INC.  
12800 UNIVERSITY DRIVE SUITE 350  
FT. MYERS FL 33907~~

10. Name and Address of New Registered Agent:  
81 Name: **SUSAN SPREHN**  
82 Street Address (P.O. Box Number is Not Acceptable): **RIVERWOOD**  
83: **4100 RIVERWOOD DR**  
84 City: **PT CHARLOTTE FL** 85 Zip Code: **33953**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Susan M Sprehn* 4/26/96  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<del>P</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>HURDANS, ROBERT C.</del>	
STREET ADDRESS	<del>12800 UNIVERSITY DR. #350</del>	
CITY-ST-ZIP	<del>FT. MYERS FL</del>	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	BROWN, BRYAN P.	
STREET ADDRESS	12800 UNIVERSITY DR. #350	
CITY-ST-ZIP	FT MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<del>BLACKETER, JOE K.</del>	
STREET ADDRESS	<del>6740 SANDPIPER PL</del>	
CITY-ST-ZIP	<del>FT MYERS FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT M.	
STREET ADDRESS	12800 UNIV DR. #350	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>CLAYTON, STEPHEN A.</del>	
STREET ADDRESS	<del>12800 UNIV DR. #350</del>	
CITY-ST-ZIP	<del>FT. MYERS FL</del>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>PAVELKA, RAYMOND A.</del>	
STREET ADDRESS	<del>12800 UNIV DR. #350</del>	
CITY-ST-ZIP	<del>FT. MYERS FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GRIMSHAW, MARGO	
1.3 STREET ADDRESS	4100 RIVERWOOD DR	
1.4 CITY-ST-ZIP	PT CHARLOTTE, FL 33953	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANDINO, PENNY	
2.3 STREET ADDRESS	4100 RIVERWOOD DR	
2.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33953	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SPREHN, SUSAN	
3.3 STREET ADDRESS	4100 RIVERWOOD DR	
3.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33953	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan M Sprehn* 4/26/96 941-418-0688  
DATE: 4/26/96 DAYTIME PHONE: 941-418-0688

CR2E034 (12/95)