


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 002 ****61.25

DOCUMENT # N02000008181	
--------------------------------	---

1. Entity Name
THE RIVER WILDERNESS CLUB, INC.

Principal Place of Business
1818 AUSTRALIAN AVE S
SUITE 400
WEST PALM BEACH, FL 33409

Mailing Address
1818 AUSTRALIAN AVE S
SUITE 400
WEST PALM BEACH, FL 33409

54062899



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
54-2082273

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRIVOK, JAMES N
C/O DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S SUITE 400
WEST PALM BEACH, FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CARLSEN, RICHARD ☐ Delete
STREET ADDRESS 2310 LITTLE COUNTRY RD
CITY-ST-ZIP PARRISH, FL 34219

TITLE PD ☒ Change ☐ Addition
NAME JORDAN, BEN
STREET ADDRESS 2012 ISLAND ESTATES DRIVE
CITY-ST-ZIP PARRISH, FL 34219

TITLE VD ☐ Delete
NAME MAYER, JOHN
STREET ADDRESS 2705 LITTLE COUNTRY RD
CITY-ST-ZIP PARRISH, FL 34219

TITLE VD ☒ Change ☐ Addition
NAME SMITH, CHARLES
STREET ADDRESS 2382 LITTLE COUNTRY RD
CITY-ST-ZIP PARRISH, FL 34219

TITLE TD ☐ Delete
NAME GENTILE, JIM
STREET ADDRESS 2903 OLD ORCHARD LANE
CITY-ST-ZIP PARRISH, FL 34219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SMITH, CHUCK
STREET ADDRESS 2382 LITTLE COUNTRY RD
CITY-ST-ZIP PARRISH, FL 34219

TITLE SD ☒ Change ☐ Addition
NAME ARNDT, KEITH
STREET ADDRESS 2354 LITTLE COUNTRY RD
CITY-ST-ZIP PARRISH, FL 34219

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ben Jordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04 *941-776-9019*
Date Daytime Phone #