

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000008181

1. Entity Name

THE RIVER WILDERNESS CLUB, INC.



Principal Place of Business

**2250 WILDERNESS BLVD W
PARRISH, FL 34219**

Mailing Address

**2250 WILDERNESS BLVD W
PARRISH, FL 34219**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2082273

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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
**PD
DONOVAN, DON
3604 LITTLE COUNTRY RD
PARRISH, FL 34219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCHMITT, TOM
3502 LITTLE COUNTRY RD
PARRISH, FL 34219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KOBERNUSZ, BILL
2326 LITTLE COUNTRY RD
PARRISH, FL 34219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
THACKER, JOHN
3522 LITTLE COUNTRY RD
PARRISH, FL 34219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000634231
02/22/07-80001-014 61.25

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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:

William Kobernusz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07
Date

941-776-2691
Daytime Phone #

WILLIAM KOBERNUSZ TREASURER