

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:47

DOCUMENT # **N02812 (8)**

1. Corporation Name  
**RIVER'S EDGE 4 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**14851 WESTPORT DR FT MYERS FL 33908 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1984** 3a. Date of Last Report **04/14/1994**  
4. FEI Number **59-2568833** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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 Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**BURNS, GERALD  
14813 WESTPORT DR  
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name **GERALD BURNS**  
82 Street Address (P.O. Box Number is Not Acceptable) **14813 WESTPORT DR**  
83  
84 City **FORT MYERS** FL 85 Zip Code **33908**

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 agent 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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

DATE **3/15/95**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BURNS, GERALD</b>
STREET ADDRESS	<b>14813 WESTPORT DR</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>VP</b>
NAME	<b>LYALL, ARTHUR</b>
STREET ADDRESS	<b>14885 WESTPORT DR</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>S</b>
NAME	<b>HAVEY, PHYLLIS</b>
STREET ADDRESS	<b>14821 WESTPORT DR</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>T</b>
NAME	<b>RUTH, MARYANNE</b>
STREET ADDRESS	<b>14819 WESTPORT DR</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>DIETRICK, JOHN</b>
STREET ADDRESS	<b>15254 BRIARCREST CIR</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>TROSTLE, JACK</b>
STREET ADDRESS	<b>16401 KELLY WOODS DR #141</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>AUNE A TRINS</b>	
1.3 STREET ADDRESS	<b>14823 WESTPORT</b>	
1.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>7th DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>AUNE A TRINS</b>	
3.3 STREET ADDRESS	<b>14823 WESTPORT</b>	
3.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>	
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 118.07(3)(A), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-15-95** 813-489-3241