

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

200001812472
-05/07/96--01172--016
***61.25

DOCUMENT # **N02812 (8)**
1. Corporation Name
RIVER'S EDGE 4 CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 04/27/1984
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business: 21 14851 CROOKED POND CT. 22 FORT MYERS, FL 23 33908 25 USA
2b. Mailing Address: 26 14851 CROOKED POND CT. 27 FORT MYERS, FL 28 33908 30 USA

4. FEI Number: 59-2568833
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: JACK TROSTLE
82 Street Address (P.O. Box Number is Not Acceptable): 14851 CROOKED POND CT.
83
84 City: FORT MYERS FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *John M. Trostle* (NOTE: Registered Agent signature required when reinstating) DATE: April 4, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GERALD	1.2 NAME	JACK TROSTLE
STREET ADDRESS	14813 WESTPORT DR	1.3 STREET ADDRESS	16401 KELLY WOODS DR #141
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYALL, ARTHUR	2.2 NAME	ANNE ATKINS
STREET ADDRESS	14885 WESTPORT DR	2.3 STREET ADDRESS	14828 CROOKED POND CT.
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL. 33908
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVEY, PHYLLIS	3.2 NAME	PHYLLIS HAVEY
STREET ADDRESS	14821 WESTPORT DR	3.3 STREET ADDRESS	14821 CROOKED POND CT.
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL. 33908
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH, MARYANNE	4.2 NAME	MARYANNE RUTH
STREET ADDRESS	14819 WESTPORT DR	4.3 STREET ADDRESS	14819 CROOKED POND CT.
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FORT MYERS, FL. 33908
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETRICK, JOHN	5.2 NAME	LAWRENCE ARTALE
STREET ADDRESS	15254 BRIARCREST CIR	5.3 STREET ADDRESS	14805 CROOKED POND CT.
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROSTLE, JACK	6.2 NAME	
STREET ADDRESS	16401 KELLY WOODS DR #141	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phyllis O. Havey, Sec.* Date: 3/24/96 Daytime Phone #

CR2E037 (12/95)