

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02812 (8)**  
1. Corporation Name  
**RIVER'S EDGE 4 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>14851 CROOKED POND CT. FT MYERS FL 33908 US</b>	Mailing Address <b>14851 CROOKED POND CT. FT MYERS FL 33908-7802 US</b>
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3. Date incorporated or Qualified <b>04/27/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>14805 Crooked Pond Ct.</b>	2a. Mailing Address 26 <b>14805 Crooked Pond Ct.</b>
Suite, Apt. #, etc. 22 <b>FORT MYERS, FL 33908</b>	Suite, Apt. #, etc. 27 <b>14805 Crooked Pond Ct.</b>
City & State 23 <b>FORT MYERS, FL</b>	City & State 28 <b>FORT MYERS, FL</b>
Zip 24 <b>33908</b>	Country 25 <b>USA</b>
Zip 29 <b>33908</b>	Country 30 <b>USA</b>

4. FEI Number <b>59-2568833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TROSTLE, JACK  
14851 CROOKED POND CT.  
FT MYERS FL 33908**

10. Name and Address of New Registered Agent  
81 Name **Laurence V. ARTALE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**14805 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 *[Signature]* **Laurence V. ARTALE D/P/** 2-11-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D/V</b>	<input checked="" type="checkbox"/>
NAME	<b>ATKINS, ANNE</b>	
STREET ADDRESS	<b>14851 CROOKED POND CT.</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>ARTALE, LAWRENCE</b>	
STREET ADDRESS	<b>14851 CROOKED POND CT.</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE	<b>D/S</b>	<input checked="" type="checkbox"/>
NAME	<b>HAVEY, PHYLLIS</b>	
STREET ADDRESS	<b>14851 CROOKED POND CT.</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE	<b>D/T</b>	<input checked="" type="checkbox"/>
NAME	<b>RUTH, MARYANNE</b>	
STREET ADDRESS	<b>14851 CROOKED POND CT.</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE	<b>D/P</b>	<input checked="" type="checkbox"/>
NAME	<b>TROSTLE, JACK</b>	
STREET ADDRESS	<b>16401 KELLY WOODS DR #141</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D/T</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>LINDA CATALPINA-McGUIRE</b>		
1.3 STREET ADDRESS	<b>14807 CROOKED POND Ct.</b>		
1.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		
2.1 TITLE	<b>D/P/S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Laurence V. ARTALE</b>		
2.3 STREET ADDRESS	<b>14805 CROOKED POND Ct.</b>		
2.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		
3.1 TITLE	<b>D/V</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>RAY LINDQUIST</b>		
3.3 STREET ADDRESS	<b>14837 CROOKED POND Ct.</b>		
3.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		
4.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Betty Marie Hill</b>		
4.3 STREET ADDRESS	<b>14829 CROOKED POND Ct.</b>		
4.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **LAURENCE V. ARTALE** 4/3/97 941-437-1944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056262

CR2E037 (9/96)