


FILE NOW: FILING FEE IS \$61.25

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Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>14805 CROOKED POND CT FT MYERS FL 33908 US</b>	Mailing Address <b>14805 CROOKED POND CT FT MYERS FL 33908 US</b>
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3. Date Incorporated or Qualified <b>04/27/1984</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>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>	

2. Principal Place of Business 21 <b>14851 Crooked Pond Ct.</b>	2a. Mailing Address 26 <b>14837 Crooked Pond Ct.</b>
Suite, Apt. #, etc. 22 <b>Fort Myers (None)</b>	Suite, Apt. #, etc. 27
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>
Country 29 <b>USA</b>	Zip 30 <b>33908</b>

9. Name and Address of Current Registered Agent  
**ARTALE, LAURENCE V  
14805 CROOKED POND CT  
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name <b>JACK BANAHAN</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>14875 Crescent Cove Dr.</b>		
83		
84 City <b>Fort Myers</b>	85 State <b>FL</b>	86 Zip Code <b>33908</b>

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: Jack Banahan DATE: **3-20-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DT</b>	NAME <b>MCQUIRE, LINDA CATLFINA</b>	1.1 TITLE <b>DT</b>	1.2 NAME <b>RUTH, CHARLES G.</b>
STREET ADDRESS <b>14807 CROOKED POND DR</b>	CITY-ST-ZIP <b>FT MYERS FL 33908</b>	1.3 STREET ADDRESS <b>14819 CROOKED POND CT.</b>	1.4 CITY-ST-ZIP <b>FORT MYERS, FL. 33908</b>
TITLE <b>DPS</b>	NAME <b>ARTALE, LAURENCE V</b>	2.1 TITLE <b>DP</b>	2.2 NAME <b>JACK BANAHAN</b>
STREET ADDRESS <b>14805 CROOKED POND CT</b>	CITY-ST-ZIP <b>FT MYERS FL 33908</b>	2.3 STREET ADDRESS <b>14875 CRESCENT COVE DR.</b>	2.4 CITY-ST-ZIP <b>FORT MYERS, FL. 33908</b>
TITLE <b>DV</b>	NAME <b>LINDQUIST, RAY</b>	3.1 TITLE <b>DS</b>	3.2 NAME
STREET ADDRESS <b>14837 CROOKED POND CT</b>	CITY-ST-ZIP <b>FT MYERS FL 33908</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>HILL, BETTY MARIE</b>	4.1 TITLE <b>DV</b>	4.2 NAME <b>WILLIAM WILDMAN</b>
STREET ADDRESS <b>14829 CROOKED POND CT</b>	CITY-ST-ZIP <b>FT MYERS FL 33908</b>	4.3 STREET ADDRESS <b>14825 CROOKED POND CT.</b>	4.4 CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>
TITLE	NAME	5.1 TITLE <b>D</b>	5.2 NAME <b>GARY D. SMITH</b>
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS <b>14835 CROOKED POND CT</b>	5.4 CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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: Jack Banahan DATE: **3-3-98** PHONE: **941-489-1065**

CP2E037 (10/97)