2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like e

DOCUMENT # N02812 May 30, 2000 8:00 am Secretary of State RIVER'S EDGE 4 CONDOMINIUM ASSOCIATION, INC. 05-30-2000 90047 025 ****61.25 Mailing Address Principal Place of Business 14851 CROOKED POND CT 14851 CROOKED POND CT -FT MYERS FL 33908 FT MAYERS FL 33908-7902 Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2568833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANAHAN, JACK 14875 CRESCENT COVE DR FT-MYERS FL 33008 for the purpose of changing in the state of Florida. 8. The above named entity submits registered office or registered agent, or both, SIGNATURE and title if applicable NOTE: Registered Agent signature required when reinstating Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME RUTH, CHARLES G NAME STREET ADDRESS STREET ADDRESS 14819 CROOKED POND CT CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 **2**hange DΥ Delete TITLE ☐ Addition TITLE AVEY, PHYLLIS BANAHAN, JACK NAME NAME STREET ADDRESS STREET ADDRESS 14875 CRESCENT COVE DR CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 38908 Change DP Delete TITLE ☐ Addition TITLE INDQUIST, RAY 1837 CROOKED POND CT. WILDMAN, WILLIAM NAME NAME 14825 CROOKED POND CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PT MYERS FL 33908 Change DS ☐ Addition Delete TITI F TITLE SEVERANCE, JULIA NAME NAME COUE DR. STREET ADDRESS 14845 CROOKED BOND CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pórt Myers el 33908 Addition Delete TITLE TITLE BURNS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify indicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this leads. ly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

Daytime Phone #

FILED