2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# N10039

Entity Name: RIVER ESTATES HOMEOWNERS, INC.

Current Principal Place of Business:

400 IMPERIAL DR.
RIVER ESTATES
N. FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

16043 ST. JOHN'S CIRCLE
RIVER ESTATES
N. FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 59-2589366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEEBE, DONNA MRS.
16043 ST. JOHN'S CIRCLE
RIVER ESTATES
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: GEIST, THOMAS
Address: 16107 ST. JOHN'S CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: V
Name: STONER, ROBERT
Address: 6225 IMPERIAL DR.
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: T
Name: NEEBE, DONNA
Address: 16043 ST. JOHN'S CIRCLE
City-St-Zip: N FT MYERS, FL 33917 US

Title: S
Name: NOBLES, JOANN
Address: 6332 HALIFAX DR.
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: D
Name: HEATH, WARREN
Address: 16015 ST. JOHNS COURT
City-St-Zip: FORT MYERS, FL 33917 US

Title: D
Name: MESSNER, THOMAS
Address: 6541 HIDDEN OAKS DR.
City-St-Zip: N FT MYERS, FL 33917 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA K. NEEBE T 02/28/2012

Electronic Signature of Signing Officer or Director — Date