FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21023 (9)

1. Corporation Name
RIVER REACH COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3003 NORTH TAMIAMI TRAIL NAPLES FL 33940	3003 NORTH TAMIAMI TRAIL NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2817173 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CUBBAGE, GILBERT G.
% COLLIER ENTERPRISES
3003 N. TAMIAMI TRAIL
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Harriet A. Stokke
82 Street Address (P.O. Box Number is Not Acceptable): 3003 Tamiami Trail N.
83:
84 City: Naples FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Harriet A. Stokke Harriet A. Stokke
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BIRR, JERRERY M	1.2 NAME		
STREET ADDRESS	3003 TAMIAMI TRAIL N.	1.3 STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, Florida 33940	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FAIRBANKS, KATHY S	2.2 NAME		
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	CUBBAGE, GILBERT G	3.2 NAME	Stokke, Harriet A.	
STREET ADDRESS	3003 TAMIAMI TR AIL N.	3.3 STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	Naples, Florida 33940	
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	Bruet, Michael J.	
STREET ADDRESS		4.3 STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, Florida 33940	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: Joffroy M. Birr 4/12/95 813/261 4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018408