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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N21023 (9)

1. Corporation Name

RIVER REACH COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3003 NORTH TAMiami TRAIL
NAPLES FL 34103

3003 NORTH TAMiami TRAIL
NAPLES FL 34103-2714



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/08/1987

3a. Date of Last Report

07/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

STOKKE, HARRIET A
3003 TAMiami TRAIL N
3003 N. TAMiami TRAIL
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BIRR, JEFFREY M
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME MARKOFF, HOWARD F
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 33940 ☒ DELETE

TITLE STD
NAME STOKKE, HARRIET A
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE V
NAME BRUET, MICHAEL J
STREET ADDRESS 3003 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition
1.2 NAME STOKKE, HARRIET A.
1.3 STREET ADDRESS 3003 TAMiami TRAIL NORTH
1.4 CITY-ST-ZIP NAPLES, FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BRUET, MICHAEL J.
2.3 STREET ADDRESS 3003 TAMiami TRAIL NORTH
2.4 CITY-ST-ZIP NAPLES, FL

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME MASON, CHARLES H.
3.3 STREET ADDRESS 3003 TAMiami TRAIL NORTH
3.4 CITY-ST-ZIP NAPLES, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 on an attachment with an address.

CR2E037 (9/96)