

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 10:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N25470 (8)

1. Corporation Name

RIVERDALE RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O THELMA KLAYMAN
PO BOX 51263
FT. MYERS, FL 33905-1263**

**C/O THELMA KLAYMAN
PO BOX 51263
FT. MYERS, FL 33905-1263**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1988

3a. Date of Last Report

04/06/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**KLAYMAN, THELMA
15729 CORAL VINE LN
FT. MYERS FL 33905**

5. Certificate of Status Desired

☐

**\$0.75 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

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

LANNY, ELLIS

STREET ADDRESS

15483 SPRING LINE LANE

CITY-ST-ZIP

FT. MYERS FL

1.1 TITLE

PD

1.2 NAME

Klayman, Thelma

1.3 STREET ADDRESS

15729 Coral Vine Lane

1.4 CITY-ST-ZIP

Fort Myers FL 33905-2415

☒ Change ☐ Addition

TITLE

VD

NAME

KLAYMAN, THELMA

STREET ADDRESS

15729 CORAL VINE LANE

CITY-ST-ZIP

FT MYERS FL

2.1 TITLE

VD

2.2 NAME

Kuykendall, Rosemary

2.3 STREET ADDRESS

2669 Purslane Dr.

2.4 CITY-ST-ZIP

Fort Myers, FL 33905

☒ Change ☐ Addition

TITLE

SD

NAME

JEFFERS, MARLENE

STREET ADDRESS

15731 CORAL VINE LANE

CITY-ST-ZIP

FT MYERS FL

3.1 TITLE

STD

3.2 NAME

Hughes, Eva

3.3 STREET ADDRESS

15853 Willoughby Lane

3.4 CITY-ST-ZIP

Fort Myers, FL 33905

☒ Change ☐ Addition

TITLE

TD

NAME

HUGHES, EVA

STREET ADDRESS

15853 WILLOUGHBY LANE

CITY-ST-ZIP

FT MYERS FL

4.1 TITLE

D

4.2 NAME

Hill, Frederick J.

4.3 STREET ADDRESS

15701 Coral Vine Lane

4.4 CITY-ST-ZIP

Fort Myers, FL 33905

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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 110.07(3)(k), 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: Thelma Klayman (Thelma Klayman)

April 18, 1995

Date

Daytime Phone #

813 693 1685

006460