FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/17/1988
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O ROSEMARY KUYKENDALL	26 C/O ROSEMARY KUYKENDALL
Suite, Apt. #, etc. 22 PO BOX 51263	Suite, Apt. #, etc. 27 PO BOX 51263
City & State 23 FT.MYERS, FL.	City & State 28 FT.MYERS, FL.
Zip: 24 33905-1263 Country: 25 USA	Zip: 29 33905-1263 Country: 30 USA

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: KUYKENDALL, ROSEMARY
82 Street Address (P.O. Box Number is Not Acceptable): 2669 PURSLANE DRIVE
83: FT.MYERS, FL. 33905
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: Rosemary Kuykendall President Riverdale Residents Association 5/31/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KLAYMAN, THELMA 15729 CORAL VINE LANE FT. MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD KUYKENDALL, ROSEMARY 2669 PURSLANE DRIVE FT.MYERS, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KUYKENDALL, ROSEMARY 2669 PURSLANE DRIVE FT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD KLAYMAN, THELMA 15729 CORAL VINE LANE FT.MYERS, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HUGHES, EVA 15853 WILLOUGHBY LANE FT MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD HUGHES, EVA 15853 WILLOUGHBY LANE FT.MYERS, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, FREDERICK J 15701 CORAL VINE LANE FT MYERS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D HILL, FREDERICK J 15701 CORAL VINE LANE FT.MYERS, FL.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300001860613 -06/12/96--01129--022 ***61.25	☐ Change ☐ Addition 5/1 32

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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)(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: Rosemary Kuykendall April 21, 1996 941-693-1579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #