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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26263

1. Corporation Name
RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business %ROGER JACOX 777 WALKERBILT RD #39 NAPLES FL 33963 US	Mailing Address C/O ROGER JACOX 777 WALKERBILT RD #39 NAPLES FL 33963 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/04/1988
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-1789804
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent KORP, WILLIAM R. 333 S. TAMiami TRAIL, SUITE 100 VENICE FL 34285	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD DEMINK, TED	1.1 TITLE	VP WELSON, WENDELL
NAME	DEMINK, TED	1.2 NAME	WELSON, WENDELL
STREET ADDRESS	777 WALKERBILT #32	1.3 STREET ADDRESS	777 Walkerbilt Rd #25
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, Fl
TITLE	D SCHNEIDER, MARY	2.1 TITLE	SD Tyree, Max
NAME	SCHNEIDER, MARY	2.2 NAME	Tyree, Max
STREET ADDRESS	777 WALKERBILT DR 22	2.3 STREET ADDRESS	777 Walkerbilt Rd #30
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL
TITLE	XSIX P GINN, THOMAS	3.1 TITLE	D VAN PELT, Terry
NAME	GINN, THOMAS	3.2 NAME	VAN PELT, Terry
STREET ADDRESS	777 WALKERBILD RD, #24	3.3 STREET ADDRESS	777 Walkerbilt Rd #15
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL
TITLE	D BRACKNELL, JAMES	4.1 TITLE	
NAME	BRACKNELL, JAMES	4.2 NAME	
STREET ADDRESS	777 WALKERBILT DR # 6	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	TD JOHNSON, BARBARA	5.1 TITLE	
NAME	JOHNSON, BARBARA	5.2 NAME	
STREET ADDRESS	777 WALKERBILT RD #7	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	XSIX D JACOX, ROGER	6.1 TITLE	
NAME	JACOX, ROGER	6.2 NAME	
STREET ADDRESS	777 WALKERBILT DR 39	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Thomas Ginn, Pres DATE: 3/3/99 DAYTIME PHONE: (941) 566-7251

CR2E037 (11/98)