

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90202 024 ****61.25

DOCUMENT # N26263

1. Entity Name
RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATIO

Principal Place of Business Mailing Address
%ROGER JACOX **C/O ROGER JACOX**
777 WALKERBILT RD #39 **777 WALKERBILT RD #39**
NAPLES FL 33963 **NAPLES FL 34110-1529**
US **US**

LUU30377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
C/O Thomas GINN **C/O Thomas GINN**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
777 WALKERBILT Rd #24 **777 WALKERBILT Rd #24**
 City & State City & State
NAPLES, FL **NAPLES, FL**
 Zip Country Zip Country
34110 **COLLIER** **34110** **COLLIER**

4. FEI Number **58-1789804** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORP, WILLIAM R.
333 S. TAMAMI TRAIL, SUITE 100
VENICE FL 34285

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]*
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	NELSON, WENDELL	
STREET ADDRESS	777 WALKERBILT RD #25	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TYREE, MAX	
STREET ADDRESS	777 WALKERBILT RD #30	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN PELT, TERRY	
STREET ADDRESS	777 WALKERBILT RD #15	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACKNELL, JAMES	
STREET ADDRESS	777 WALKERBILT DR # 6	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, BARBARA	
STREET ADDRESS	777 WALKERBILT RD #7	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOX, ROGER	
STREET ADDRESS	777 WALKERBILT DR 39	
CITY-ST-ZIP	NAPLES FL	

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS GINN	
STREET ADDRESS	777 WALKERBILT RD #24	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOX, ROGER	
STREET ADDRESS	777 WALKERBILT RD #39	
CITY-ST-ZIP	NAPLES, FL 34110	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE Thomas GINN, President** **2/24/00** **(941) 566-7251**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)