

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90053 012 ****61.25

0049597

DOCUMENT # N26263

1. Entity Name

**RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATIO
 N, INC.**

Principal Place of Business

Mailing Address

**%THOMAS GINN
 777 WALKERBILT RD #24
 NAPLES FL 34110
 US**

**%THOMAS GINN
 777 WALKERBILT RD #24
 NAPLES FL 34110
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1789804

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 checked="" type="checkbox"/> Delete
NAME	NELSON, WENDELL	
STREET ADDRESS	777 WALKERBILT RD #25	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GINN, THOMAS	
STREET ADDRESS	777 WALKERBILT RD # 24	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" 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	SD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTY, GRACE	
STREET ADDRESS	777 WALKERBILT RD #11	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOX, ROGER	
STREET ADDRESS	777 WALKERBILT DR 39	
CITY-ST-ZIP	NAPLES FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD White, Wendell	
STREET ADDRESS	777 Walkerbilt Rd. #34	
CITY-ST-ZIP	Naples, Florida 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Barbara	
STREET ADDRESS	777 Walkerbilt Road, #7	
CITY-ST-ZIP	Naples, Florida 34110	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dowling, Jerome	
STREET ADDRESS	777 Walkerbilt Road #20	
CITY-ST-ZIP	Naples, Florida 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		

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: Thomas Ginn DATE: 2/25/02 (941) 566-7251
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)