

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90034 036 ****61.25



DOCUMENT # N26263

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

Principal Place of Business: **777 WALKERBILT RD. #42 NAPLES FL 34110 US**

Mailing Address: **777 WALKERBILT RD. # 42 NAPLES FL 34110 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E037 (10/07)

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
**BECKER & POLIAKOFF, P.A.
4501 TAMiami TRAIL N
SUITE 214
NAPLES FL 34103**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-designing)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|--|
| TITLE: ST | NAME: MOUZAKIS, GEORGE <input type="checkbox"/> Delete | TITLE: STD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 777 WALKERBILT RD 8 | CITY-ST-ZIP: NAPLES FL 34110 | STREET ADDRESS: | CITY-ST-ZIP: |
| TITLE: VD | NAME: CARPENTER, CAROL <input checked="" type="checkbox"/> Delete | TITLE: PRESIDENT, Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 777 WALKERBILT RD. 28 | CITY-ST-ZIP: NAPLES FL 34110 | NAME: BOBBY SPENCER | STREET ADDRESS: 777 WALKER BUILT RD # 14 |
| TITLE: D | NAME: ROBERT, BUSCH <input type="checkbox"/> Delete | TITLE: BRUCE FINNEY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 777 WALKERBILT ROAD, #4 | CITY-ST-ZIP: NAPLES FL 34110 | NAME: 777 WALKERBILT RD #30 | STREET ADDRESS: Naples FL 34110 |
| TITLE: D | NAME: BRACKNELL, JAMES <input type="checkbox"/> Delete | TITLE: PHIL LUTZE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 777 WALKERBILT DR # 6 | CITY-ST-ZIP: NAPLES FL | NAME: 777 WALKERBILT RD # 11 | STREET ADDRESS: NAPLES FL 34110 |
| TITLE: PD | NAME: DOWLING, JEROME <input checked="" type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 777 WALKERBILT ROAD, #20 | CITY-ST-ZIP: NAPLES FL 34110 | NAME: | STREET ADDRESS: |
| TITLE: VD | NAME: WINN, FRANK <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 777 WALKERBILT RD. #9 | CITY-ST-ZIP: NAPLES FL 34110 | NAME: | STREET ADDRESS: |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ **George Mouzakis 2/24/2008 727-281-4056**