

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N31053** (4)

1. Corporation Name

**RIVER'S EDGE RESIDENTS, INC.**

Principal Place of Business

Mailing Address

C/O ERMA ELLERBROOK  
1064 NORTH TAMiami TRAIL #73  
N. FORT MYERS FL 33903

C/O ERMA ELLERBROOK  
1064 NORTH TAMiami TRAIL #73  
N. FORT MYERS FL 33903



3. Date Incorporated or Qualified  
**03/08/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 C/O JOSEPH MOLINARO

26 C/O JOSEPH MOLINARO

4. FEI Number  
**65-0179386**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**1064 N. TAMiami TRAIL #80**  
City & State

27 Suite, Apt. #, etc.  
**1064 N. TAMiami TRAIL #80**  
City & State

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

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

23 N. FORT MYERS FL.

28 N. FORT MYERS FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip  
**33903**

25 Country  
**LEE**

29 Zip  
**33903**

30 Country  
**LEE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBOIS, PHILIP  
1064 N. TAMiami TR.  
LOT #2  
NORTH FT. MYERS FL 33903

81 Name  
**MOLINARO, JOSEPH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1064 N. TAMiami TRAIL #80**  
83 **LOT #80**  
84 City  
**N. FORT MYERS**  
85 Zip Code  
**FL 33903**

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

*Joseph A. Molinaro*

(NOTE: Registered Agent signature required when reinstating)

7-17-96

Signature, typed or printed name of registered agent and title if applicable

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DUBOIS, PHILIP  
1064 N. TAMiami TR. LOT #2  
N. FT. MYERS FL 33903 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PATTON, LESTER  
1064 N. TAMiami TR. LOT #28  
N. FT. MYERS FL 33903 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ELLERBROOK, ERMA  
1064 N. TAMiami TR. LOT #73  
N. FT. MYERS FL 33903 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BOWSER, ELLEN  
1064 N. TAMiami TRAIL LOT #40  
N. FT. MYERS FL 33903 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ORRIN, STURGEON  
1064 N. TAMiami TRAIL #50  
N. FT. MYERS FL 33903 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STURGEON, EVELYN  
1064 N. TAMiami TR. LOT #50  
N. FT. MYERS FL ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
P.  
MOLINARO, JOSEPH  
1064 N. TAMiami TR. LOT #80  
N. FT. MYERS FL 33903 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
V.  
HESS, JAMES  
1064 N. TAMiami TR. LOT #16  
N. FT. MYERS FL 33903 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
S.  
MASSE, SANDRA  
1064 N. TAMiami TR. LOT #13  
N. FT. MYERS FL 33903 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
T  
RIGOT, ELAINE  
1064 N. TAMiami TR. LOT #7  
N. FT. MYERS FL 33903 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
**600001902536**  
**-07/23/96--01136--020**  
**\*\*\*61.25** ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph Molinaro* 7/1/96 941 941  
JOSEPH MOLINARO 056-3969

0014002

CR2E037 (3/96)