

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0050336

DOCUMENT # N44970

1. Entity Name

RIVERWALK PROPERTY OWNERS' ASSOCIATION, INC.

04-02-2002 90878 008 ****61.25

Principal Place of Business

Mailing Address

870 BALD EAGLE DRIVE 1B
MARCO ISLAND FL 34145
US

870 BALD EAGLE DRIVE 1B
MARCO ISLAND FL 34145
US

2. Principal Place of Business

997 N. COLLIER BLVD

3. Mailing Address

997 N COLLIER BLVD

Suite, Apt. #, etc.

STE G

Suite, Apt. #, etc.

STE G

City & State

MARCO ISL FL

City & State

MARCO ISL FL

Zip

34145

Country

us

Zip

34145

Country

us

4. FEI Number

65-0321952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SNYDER, W.F.
870 BALD EAGLE DRIVE 1B
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

SNYDER, W.F.

Street Address (P.O. Box Number is Not Acceptable)

~~870 BALD EAGLE DRIVE 1B~~

997 N COLLIER BLVD STE G

City

MARCO ISL

FL

Zip Code

34145

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]

W.F. SNYDER

3/23/02

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	REINDERS, JAMES	
STREET ADDRESS	870 BALD EAGLE DRIVE 1B	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BAILEY, FRED C	
STREET ADDRESS	870 BALD EAGLE DRIVE 1B	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SNYDER, W.F.	
STREET ADDRESS	870 BALD EAGLE DRIVE 1B	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINDERS JAMES M	
STREET ADDRESS	997 N COLLIER BLVD STE G	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, C. FRED	
STREET ADDRESS	997 N COLLIER BLVD STE G	
CITY-ST-ZIP	MARCO ISL FL 34145	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, W.F.	
STREET ADDRESS	997 N COLLIER BLVD STE G	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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		

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] W.F. SNYDER TROR.

3/23/02

9413851110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)