

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90371 018 ****61.25

DOCUMENT # N98000001357

1. Entity Name
RIVER'S REACH V AT COUNTRY CREEK, INC.



Principal Place of Business
**12730 NEW BRITTANY BLVD.
SUITE 441
FORT MYERS, FL 33907**

Mailing Address
**12730 NEW BRITTANY BLVD.
SUITE 441
FORT MYERS, FL 33907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0822003

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

**MCLOUGHLIN, JONATHAN
SUNSET MANAGEMENT GROUP, INC.
12730 NEW BRITTANY BLVD., SUITE 441
FORT MYERS, FL 33907**

Name **McLaughlin, Jonathan**

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

Jonathan McLaughlin **Jonathan McLaughlin**

04/13/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **P** ☒ Delete
NAME **DESMOND, JERALD**
STREET ADDRESS **20621 COUNTRY CREEK DR # 3126**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **V** ☐ Delete
NAME **BOWSER, DAVID**
STREET ADDRESS **20601 COUNTRY CREEK DRIVE, #3315**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **SD** ☐ Delete
NAME **MOMOT, ARTHUR**
STREET ADDRESS **20601 COUNTRY CREEK DRIVE, #3212**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **TD** ☒ Delete
NAME **LITTIZIO, MICHAEL**
STREET ADDRESS **20601 COUNTRY CREEK DRIVE, #3121**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **D** ☐ Delete
NAME **BULLEN, THEODORE**
STREET ADDRESS **20601 COUNTRY CREEK DR # 3321**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice-President** ☐ Change ☐ Addition
NAME **Mel Vince**
STREET ADDRESS **20601 Country Creek Dr.**
CITY-ST-ZIP **Estero, FL 33928**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☐ Addition
NAME **Robert Masse**
STREET ADDRESS **20601 Country Creek Dr.**
CITY-ST-ZIP **Estero, FL 33928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Jonathan McLaughlin **Jonathan McLaughlin, CAM**

04/13/06

239-233-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #