

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90113 037 ****61.25

DOCUMENT # N99000003064

1. Entity Name
**THE WOODLANDS VILLAS AT RIVENDELL
ASSOCIATION, INC.**



Principal Place of Business
**ANNE HOPE LANE
SARASOTA, FL 34240**

Mailing Address
**PO BOX 110156
NAPLES, FL 34108**

50049564



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0937646

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, WILLIAM D CAM
2310 DELLA DRIVE
NAPLES, FL 34117**

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

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, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MAS
WHITE, WILLIAM D
2310 BELLA DR
NAPLES, FL 34117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RORABECK, JIM
759 ANNA HOPE
OSPREY, FL 34229** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HOOD, NANCY
715 CRANE PRAIRE WAY
OSPREY, FL 34229** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CALALE, PAUL
PO BOX 1477
OSPREY, FL 34229** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MC DANIEL, Lewis
708 Anna Hope Lane
OSPREY, FL 34229** ☐ Change ☒ Addition

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

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

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NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

William D. White - **William D. White**

Date

Daytime Phone #