

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90081 022 ***150.00

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1. Entity Name
**RIVERWALK OF GILCHRIST COUNTY DEVELOPMENT
CORPORATION**



Principal Place of Business
**2772-S NW 43RD ST
GAINESVILLE, FL 32606**

Mailing Address
**2772-S NW 43RD ST
GAINESVILLE, FL 32606**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-4232869 90-0184137** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLDEN, CHARLES L JR
2772-S NW 43RD ST
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLINGER, WILLIAM D III 2700 NW 43RD ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLDEN, CHARLES I JR 2772-S NW 43RD ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EUBANK, FREDERICK W II 2145 MALVERN RD CHARLOTTE, NC 28207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLINGER, WILLIAM D III 2700-A NW 43RD ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOLDEN, CHARLES I JR. 2772-S NW 43 STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WESLEY EUBANK, FREDERICK II 2145 MALVERN RD. CHARLOTTE, NC 28207

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 (352) 377-5900

Date

Daytime Phone #