

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000069144 (0)

1. Corporation Name

RIVER RIDGE COMMUNITIES, INC.



Principal Place of Business

801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 33963

Mailing Address

801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 33963

3. Date Incorporated or Qualified  
09/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
65-0588404

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASTINGS, VIVIEN H  
801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 33963

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when changed agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME KOSTE, B. R.  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500  
CITY-ST-ZIP NAPLES FL 33963

TITLE D ☐ DELETE  
NAME HASTINGS, V. N.  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500  
CITY-ST-ZIP NAPLES FL 33963

TITLE D ☐ DELETE  
NAME CARLSON, A. J.  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500  
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition  
1.2 NAME J. H. Schmoyer  
1.3 STREET ADDRESS 801 Laurel Oak Drive, #500  
1.4 CITY-ST-ZIP Naples, FL 33963

2.1 TITLE DS ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DT ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME S. R. Whitney  
4.3 STREET ADDRESS 801 Laurel Oak Drive, #500  
4.4 CITY-ST-ZIP Naples, FL 33963

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, 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

3/19/96

(941) 597-6061

CR2E034 (12/95)