## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000074705** (1)

RIVERSIDE VILLAGE, INC.

Principal Place of Business Mailing Address
3331 E. RIVERSIDE DRIVE 3331 E. RIVERSIDE DRIVE

## FILED Apr 04 1997 8:00am Secretary of State



3331 E. RIVERSIDE DRIVE FORT MYERS FL 33916-1457		3331 E. RIVERSIDE DRIVE FORT MYERS FL 33918-1457				
			_	3. Date Incorporated or Qualified 09/27/1995	<b>3a.</b> Date of Last Report <b>07/17/1996</b>	
2. Principal f	Nace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0626446	Not Applicable	
Suite, Apt. 22	. #, etc	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta 23	lo	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30	This corporation has liability fo     Florida Statutes	r intangible tax under s. 199.032,  Yes No	
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent		10. Name and Address of New R	legistered Agent	
ROC	Gerson, Steve		81 Na	ame		
7574 TANIA LANE NRTH FORT MYERS FL 33917			82 St	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			<b>84</b> Ci	ty	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	ites the above-na:	med corporation submits this statement for the		
office or	registered agent, or both, in the State	of Florida. Such change was	authorized by the	corporation's board of directors. I hereby acc	ept the appointment as registered	
	arr tarilliar with, and accept the obliga	HIIDHS OF, SECTION 607.0305, F	ionoa statutes.			
SIGNATURE	Signature typed or product name of registered age	ot and title 4 ary ocable. (NO	TF: Registered Agent sig	nature required when reinstating)	DATE	
12.	OFFICERS ANI		13.		FICERS AND DIRECTORS IN 12	
Telle	T P	DELETE	1.1 TITLE		Change Addition	
NAME	ALBIN, JANCENE		1.2 NAME			
STRULT ADDRESS	3225 E. RIVERSIDE DRIVE #64	<b>.</b> F	1.3 STREET ADDR	RESS		
CiTY - S1 - ZIP	FORT MYERS FL 33916		1.4 CITY-ST-ZIP	· }		
			7.4 0(1) - 3(-2)			
		DELETE	217171.6		Change Addition	
TITLE	VP/T	DELETE	2.1 TITLE 22 NAME		Change Addition	
TITLE NAME	VP/T ROGERSON, STEVE	☐ DELETE	22 NAME	secc.	Change Addillon	
TITLE NAME STREET ADDRESS	VP/T ROGERSON, STEVE 7574 TANIA LANE	<del>-</del> · · ·	22 NAME 23 Street addr		Change Addilion	
TITLE NAME STREET ADDRESS CHY-ST-7+P	VP/T ROGERSON, STEVE 7574 TANIA LANE NORTH FORT MYERS FL 3391	<del>-</del> · · ·	22 NAME 23 STREET ADDR 2.4 CITY - ST - ZIF			
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Tam an officer or director of the corporation of the receiver or trustee empowered to execute this report as 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 of the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE NO TYPED OR PHINTED VANE OF SIGNING OFFICER OR DIRECTO

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