


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000074705 1. Entity Name RIVERSIDE VILLAGE, INC.	
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Principal Place of Business 3331 E. RIVERSIDE DRIVE FORT MYERS, FL 33916-1457	Mailing Address 3331 E. RIVERSIDE DRIVE FORT MYERS, FL 33916-1457
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04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0626446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROGERSON, STEVE 16121 N RIVER RD ALVA, FL 33920
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**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 _____ (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

U000000325260
04/23/05-80009-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBIN, JANEENE P O BOX 50412 FORT MYERS, FL 33994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T ROGERSON, STEVE 16121 N RIVER ROAD ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBIN, DAVID R P O BOX 50412 FT MYERS, FL 33994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: David R. Albin DAVID RALBIN 239- 332-3788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #