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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # S11365**

1. Corporation Name

RIVERS EDGE, INC.

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90002 011 \*\*\*150.00



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Principal Place of Business Mailing Address						1 (MAILE IN CAS ILLAND ILLAND ATTAN	Statt minit diati a	/IWII B[B41	éléli lest
1601 HUNTER CREEK DR 1601 HUNTER CREEK DR PUNTA GORDA FL 33982 PUNTA GORDA FL 33982						DO NOT WRITE IN	THIS SPACE		
ļ						3. Date Incorporated or Qualifed			
						11/05/1990			
2. Principal P	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applie	ed For
21		26				65-0225456	<u> </u>	<del></del>	pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	75 Add	
22						5. Certifcate of Status Desired			ired
City & Stat						6. Election Campaign Financing	\$5.	00 Ma	iv Be
23	28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Coun			8. This corporation owes the current year intangible			
24	25	29 30				Personal Property Tax.			
	9. Name and Address of Curren	t Registered A	gent			10. Name and Address of New Regis	tered Agent		
				81	Name				
LEONETTE, JOHN			82	2 Street Address (P.O. Box Number is Not Acceptable)					
1601 HUNTER CREEK DR				-					
PUN	TA GORDA FL 33982			83					Ì
				84	City		85	Zip Cod	ie
]				١	City	•	FL ["]	Esp Goo	~ }
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.									jistered æred
SIGNATURE	_								
	Signature, typed or printed name of registered agen				nt signature require		TE AND DIDE	CTODE	101.40
12.	<del></del>	D DIRECTORS	☐ DELETE	13.	— <del></del> -	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE		Addition
TITLE	PTD		□ Derese	1,1 TrīLE			L. Olia	ige	Addition
NAME	LEONETTE, JOHN			1.2 NAME					
STREET ADDRESS	12050 KELLY GREENS BLVD.				TADORESS		•		
CITY-ST-ZIP	FORT MYERS FL		C) DELETE	1.4 CITY-S	T-ZIP			000	- Addition
TITLE	V		DELETE	2.1 TITLE			☐ Cha	ige	Addition
NAME	KIM LEONETTE			2.2 NAME	[				ļ
STREET ADDRESS	12050 KELLY GREENS BLVD				TADDRESS				
CITY-ST-ZIP	FT. MYERS FL			2.4 CITY-5	ST-ZIP				☐ Addition
TITLE	SD		DELETE	3.1 TITLE			Chai	ige [	Addition
NAME	LEONETTE, PATRICIA E.			3.2 NAME	1				}
STREET ADDRESS	12050 KELLY GREENS BLVD.				TADDRESS				}
CITY-ST-ZIP	FORT MYERS FL		[] 05: 575	3.4. CITY-5	ST-ZIP				Addition
TITLE	D STEERING COLUMN HOLE A		DELETE	4.1 TITLE			☐ Cha	nge '	L.J Addition
NAME	PETRIZZO, DOMINICK A.			4.2 NAME	i				
STREET ADDRESS	7440 BEAR HOLLOW CIR				TADDRESS				
CITY-ST-ZIP	FORT MYERS FL		CT priese	4.4 CITY-S	T-ZIP				Addition
} ππ.ε 			DELETE	5.1 TITLE	)		☐ Cha	บริษ	☐ Addition
NAME:				52 NAME	T 4000000				
STREET ADDRESS			ĺ		TADDRESS				
CITY-ST-ZIP	<u> </u>		CT No. of the	5.4 CITY-S	T-ZIP				C) Addition
TITLE :			DELETE	6.1 TITLE	)		☐ Cha	age	Addition
NAME				6.2 NAME					
STREET ADDRESS					TADDRESS				
OFT ( OT 710	•			64 CITY-S	T. 71D				į.

14. 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 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, with all other like empowered.

SIGNATURE: