## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 708737** 

Entity Name: RIVER FOREST COMMUNITY ASSOCIATION, INC.

FILED
Mar 28, 2020
Secretary of State
2506465466CC

## **Current Principal Place of Business:**

13506 ISLAND ROAD FORT MYERS. FL 33905

## **Current Mailing Address:**

13506 ISLAND ROAD

FORT MYERS. FL 33905 US

FEI Number: 59-6175994 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

CROSON, ROBERT 13508 ISLAND RD FORT MYERS, FL 33905 US

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.

SIGNATURE: ROBERT CROSON 03/28/2020

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title TREASURER Title PRESIDENT

NameCROSON, ROBERTNameSQUILLANTE, BRUCEAddress13508 ISLAND RDAddress13350 ISLAND RD

City-State-Zip: FORT MYERS FL 33905 City-State-Zip: FORT MYERS FL 33905

Title VP Title S

Name BEALS, BOB Name EVANS, ROBIN

Address 13867 SLEEOY HOLLOW Address 13794 RIVER FOREST DRIVE

City-State-Zip: FORT MYERS FL 33905 City-State-Zip: FT. MYERS FL 33905

Title DIRECTOR Title DIRECTOR

NameJACOBS, PAMNameSQUILLANTE, JULIEAddress13514 ISLAND ROADAddress13350 ISLAND ROADCity-State-Zip:FORT MYERS FL 33905City-State-Zip:FORT MYERS FL 33905

Title DIRECTOR Title DIRECTOR

Name BEALS, GAIL Name LAMONICA, JANET

Address 13867 SLEEPY HOLLOW Address 13781 RIVER FOREST DRIVE

City-State-Zip: FORT MYERS FL 33905

City-State-Zip: FORT MYERS FL 33905

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT CROSON TREASURER 03/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameROSBOROUGH, BRUCENameOTT, BILL

Address 13750 OX BOW Address 13808 RIVER FOREST DRIVE

City-State-Zip: FORT MYERS FL 33905 City-State-Zip: FT. MYERS FL 33905