

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708737

Entity Name: RIVER FOREST COMMUNITY ASSOCIATION, INC.**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:** No**Name and Address of Current Registered Agent:**SQUILLANTE, BRUCE J
13350 ISLAND ROAD
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:** BRUCE SQUILLANTE

03/18/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SQUILLANTE, BRUCE J
Address 13350 ISLAND ROAD
City-State-Zip: FORT MYERS FL 33905

Title PRESIDENT
Name BURDEN, HENRY
Address 13737 OX BOW ROAD
City-State-Zip: FORT MYERS FL 33905

Title SECRETARY
Name EVANS, ROBIN
Address 13794 RIVER FOREST DRIVE
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name JACOBS, PAM
Address 13514 ISLAND ROAD
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name SQUILLANTE, JULIE
Address 13350 ISLAND ROAD
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name BEALS, GAIL
Address 13867 SLEEPY HOLLOW
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name LAMONICA, JANET
Address 13781 RIVER FOREST DRIVE
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name ROSBOROUGH, BRUCE
Address 13750 OX BOW
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: BRUCE J SQUILLANTE

TREASURER

03/18/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CROMER, CAMILLE
Address 13784 RIVER FOREST DRIVE
City-State-Zip: FORT MYERS FL 33905

Title VP
Name KATA, GEORGE
Address 13864 SLEEPY HOLLOW LANE
City-State-Zip: FORT MYERS FL 33905