

2018 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:**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

03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CROSON, ROBERT
Address 13508 ISLAND RD
City-State-Zip: FORT MYERS FL 33905

Title PRESIDENT
Name CROSON, JANICE
Address 13508 ISSLAND ROAD
City-State-Zip: FORT MYERS FL 33905

Title VP
Name SQUILLANTE, BRUCE
Address 13350 ISLAND RD.
City-State-Zip: FORT MYERS FL 33905

Title S
Name EVANS, ROBIN
Address 13794 RIVER FOREST DR
City-State-Zip: FT. MYERS FL 33905

Title DIRECTOR
Name CARR, NANCY
Address 13886 LAZY LANE
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR
Name JACOBS, PAMELA
Address 13514 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 WHELAN, DORIS
Address 13839 RIVER FOREST DRIVE
City-State-Zip: FORT MYERS FL 33905

Continues on page 2

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

TREASURE

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SQUILLANTE, JULIE
Address 13350 ISLAND RD
City-State-Zip: FT. MYERS FL 33905