2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2017
Secretary of State
CC0287241862

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: 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 03/06/2017

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	VP
Name	WILGOSZ, ROBERT
Address	13839 RIVER FOREST DR.
City-State-Zip:	FORT MYERS FL 33905

Title	DIRECTOR
Name	FOSTER, BEV
Address	13827 RIVER FOREST DR
City-State-Zip:	FORT MYERS FL 33905

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

Title	PRESIDENT
Name	CROSON, JANICE
Address	13508 ISSLAND ROAD
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	JACOBS, PAMELA
Address	13514 ISLAND ROAD
City-State-Zip:	FORT MYERS FL 33905

Title	DIRECTOR
Name	BEZ, CAROLYN
Address	13844 RIVER FOREST DRIVE
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 03/06/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HAMILTON, GENE
Address	13350 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