

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749499

Entity Name: RIVERWOOD ESTATES HOMEOWNERS ASSOCIATION INC.**Current Principal Place of Business:**240 RIVERWOOD ROAD
NAPLES, FL 34114-3938**Current Mailing Address:**C/O GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number:** 65-0484978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name HUFF, DAVID
Address 211 RIVERWOOD RD
City-State-Zip: NAPLES FL 34114

Title TREASURER
Name DEMAREST, WESLEY
Address 302 RIVERWOOD RD
City-State-Zip: NAPLES FL 34114

Title SECRETARY
Name BELKOFF, BARBARA
Address 853 MANATEE RD
City-State-Zip: NAPLES FL 34114

Title DIRECTOR
Name DINGLE, JOE
Address 264 RIVERWOOD RD
City-State-Zip: NAPLES FL 34114

Title DIRECTOR
Name SICKLER, ED
Address 108 AUDOBON RD
City-State-Zip: NAPLES FL 34114

Title DIRECTOR
Name ARMSTRONG, PERRY
Address 915 MANATEE RD
City-State-Zip: NAPLES FL 34114

Title VICE PRESIDENT
Name PETERSON, HARLO
Address 271 RIVERWOOD RD
City-State-Zip: NAPLES FL 34114

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: DAVID HUFF**PRESIDENT****02/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date