

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750680

Entity Name: RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 10, 2014
Secretary of State
CC0699635981**Current Principal Place of Business:**210 COLLIER AVE
EVERGLADES, FL 34139-0380**Current Mailing Address:**P O BOX 380
EVERGLADES, FL 34139-0380 US**FEI Number: 65-0085155****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RICHMAN KENNETH W JA ESQ
8955 FONTANA DEL SOL WAY
SUITE 301
NAPLES, FL 34108 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	DV
Name	OWENS, JOHN B
Address	7601 SW 134TH AVENUE
City-State-Zip:	MIAMI FL 33183

Title	DS
Name	BAIER, RICHARD D
Address	P.O. BOX 8 - 402 N. 1ST STREET
City-State-Zip:	CISSNA PARK IL 60924

Title	D
Name	NAP, MARK
Address	9351 W. H AVE
City-State-Zip:	KALAMAZOO MI 49009

Title	D
Name	STIEFVATOR, JOHN
Address	225 CLINTON RD
City-State-Zip:	NEW HARTFORD NY 13413

Title	DVT
Name	BAIER, MYRNA
Address	P.O. BOX 8 - 402 N. 1ST STREET
City-State-Zip:	CISSNA PARK IL 60924-0008

Title	PD
Name	MARTINEZ, SUSANA
Address	1070 23RD ST SW
City-State-Zip:	NAPLES FL 34117

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: MYRNA L. BAIER**TREASURER/VICE-PRES. 03/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date