

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N26263

Entity Name: RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909

Current Mailing Address:

COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 US

FEI Number: 58-1789804

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STAMNAS, WENDY
COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 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: WENDY STAMNAS

04/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DEMMINK, RICK
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER
Name LAKIN, GARRY
Address COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name MORGAN, BOB
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name JAMES, ROGER
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name TIMMERMANN, JOHN
Address COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title PRESIDENT
Name STAMNAS, WENDY
Address COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY
Name WEINBECK, CHARLIE
Address COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

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: WENDY STAMNAS

PRESIDENT

04/11/2024

