

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90574 037 \*\*\*\*61.25

**DOCUMENT # 706361**

1. Entity Name

**WIVERSIDE IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

25 VAN ROAD  
 JUPITER FL 33469

25 VAN ROAD  
 JUPITER FL 33469

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200172

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYLWARD, MILDRED  
 359 SATURN AVE  
 JUPITER FL 33469

Name **Bette Manner**

Street Address (P.O. Box Number is Not Acceptable)  
**7C Turtle Creek Dr.**

City **Tequesta**

FL

Zip Code **33469**

8. 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

*Bette Manner, Pres.*

*Bette Manner*

*2/11/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **AYLWARD, MILDRED**  
 STREET ADDRESS **359 SATURN AVE**  
 CITY-ST-ZIP **JUPITER FL 33469**

TITLE  Change  Addition  
 NAME **Bette Manner**  
 STREET ADDRESS **7C Turtle Creek Dr**  
 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE  Delete  
 NAME **MANNER, BETTE**  
 STREET ADDRESS **75 YACHT CLUB PL**  
 CITY-ST-ZIP **JUPITER FL 33469**

TITLE  Change  Addition  
 NAME **S. Marion Gordon**  
 STREET ADDRESS **901 Elm Circle**  
 CITY-ST-ZIP **Jupiter, FL 33458**

TITLE  Delete  
 NAME **ROONEY, ALICE**  
 STREET ADDRESS **4942 WINDWARD AVE**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE  Change  Addition  
 NAME **T Nancy Maguire**  
 STREET ADDRESS **105 Van Rd**  
 CITY-ST-ZIP **Jupiter, FL 33469**

TITLE  Delete  
 NAME **MAGUIRE, NANCY**  
 STREET ADDRESS **105 VAN RD**  
 CITY-ST-ZIP **JUPITER FL 33469**

TITLE  Change  Addition  
 NAME **TURRALL, IRIS**  
 STREET ADDRESS **1611 VENUS AVE**  
 CITY-ST-ZIP **JUPITER FL 33469**

TITLE  Delete  
 NAME **TURRALL, IRIS**  
 STREET ADDRESS **1611 VENUS AVE**  
 CITY-ST-ZIP **JUPITER FL 33469**

TITLE  Change  Addition  
 NAME **Edel Nansen**  
 STREET ADDRESS **10419 N 158 St**  
 CITY-ST-ZIP **Jupiter, FL 33478**

TITLE  Delete  
 NAME **SMYKA, PETER**  
 STREET ADDRESS **1506 VENUS AVE**  
 CITY-ST-ZIP **JUPITER FL 33469**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bette Manner, PRESIDENT Bette Manner 2/11/02 561-746-2943*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)