2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED DOCUMENT # 707298 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name RIVER PARK HOMEOWNERS ASSOCIATION, INC. 04-13-2000 90079 010 ****61.25 Principal Place of Business Mailing Address P. O. BOX 8122 P. O. BOX 8122 PORT LUCIE FL 34985-8122 PORT LUCIE FL 34985 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEi Number 59-6146941 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STRICKLAND, NORMA E. 763 SE. AIROSO BLVD PORT ST. LUCIE FL 34983 Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD **Change** Addition Delete TITLE JACK JOHNSON, JACK 123 SONETO COURT NAME ROCHE, MAE NAME JACK STREET ADDRESS STREET ADDRESS 181 S.E. LUCERO DR *२५98 3* CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 TITLE SD Delete TITI F ☐ Addition Johnson, Dottie NAME NAME STREET ADDRESS 123 SONETO COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 TITLE ☐ Change ☐ Addition ☐ Delete TITLE DEEMER, BOBBIE NAME NAME STREET ADDRESS STREET ADDRESS 151 N. NARANJA AVENUE CITY-ST-71P CITY-ST-ZIP PORT ST. LUCIE FL FVPD **FVPD** TITLE **Change** ☐ Addition Delete TITI F Johnson, Jack R NAME KEELER DENNIS NAME 213 RAMIE LANE STREET ADDRESS STREET ADDRESS 123 SONETO COURT CITY-ST-ZIP CITY-ST-7IP PORT ST. LUCIE FL 34983 PORT ST, LUCIE ☐ Addition TITLE ☐ Delete TITLE STRICKLAND, NORMA E. NAME NAME STREET ADDRESS STREET ADDRESS 763 SE AIROSO BLVD CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL **X** Change ☐ Addition SVPD **X** Delete TITLE SVPD Foley, William P NAME KEELER ROSE STREET ADDRESS STREET ADDRESS 213 RAMIR LANE 336 S.E. TRANQUILLA AVE CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34983 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

april 7 2000 561-340-0333