

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90009 017 ****61.25

DOCUMENT # 707298

1. Entity Name

RIVER PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 8122
 PORT LUCIE FL 34985

P. O. BOX 8122
 PORT LUCIE FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6146941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRICKLAND, NORMA E.
 763 SE. AIROSO BLVD
 PORT ST. LUCIE FL 34983**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JACK R 123 SONETO COURT PORT SAINT LUCIE FL 34983	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, DOTTIE 123 SONETO COURT PORT ST. LUCIE FL 34983	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEMER, BOBBIE 151 N. NARANJA AVENUE PORT ST. LUCIE FL 34983	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD KEELER, DENNIS 213 RAMIE LANE PORT SAINT LUCIE FL 34952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, NORMA E. 763 SE AIROSO BLVD PORT ST. LUCIE FL 34983	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD KEELER, ROSE 213 RAMIE LANE PORT SAINT LUCIE FL 34952	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: NORMA E. STRICKLAND *Norma E. Strickland* 3-12-01 561-340-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)