

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90199 043 ****61.25

DOCUMENT # 723332

1. Entity Name

RIVER OAKS APARTMENTS CONDOMINIUM OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

OWNERS ASSOCIATION INC
1600 1ST AVENUE WEST
BRADENTON FL 34205-6836

1600 1ST AVE W
BRADENTON FL 34205-6818
US

2. Principal Place of Business

3. Mailing Address

1650 1ST AVE. WEST
 Suite, Apt. #, etc.

1650 1ST AVE. WEST
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1472359

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERKER & POLIAKOFF, P.A.
630 ORANGE AVE.
SARASOTA FL 34236

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 ☐ Delete
 NAME **DR WILLIAMS, ROBERT**
 STREET ADDRESS **1600 1ST AVE WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
 NAME **PRESIDENT JOHN KUGLER**
 STREET ADDRESS **1600 1ST AVE. W**
 CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE ☐ Delete
 NAME **DS CLARKE, CAROL**
 STREET ADDRESS **1650 1ST AVE W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition
 NAME **VICE PRESIDENT JIM LEE**
 STREET ADDRESS **1600 1ST AVE. W**
 CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE ☐ Delete
 NAME **D EATON, PEGGY**
 STREET ADDRESS **1650 1ST AVE W**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
 NAME **DIRECTOR MAGGIE CIGNOTA**
 STREET ADDRESS **1600 1ST AVE. W**
 CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE ☐ Delete
 NAME **DT KENNEDY, CHRISTINE**
 STREET ADDRESS **1600 1ST AVE. W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P ABBEY, DON**
 STREET ADDRESS **1650 1ST AVE W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GLENNEY, DON**
 STREET ADDRESS **1600 1ST AVE W**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)