

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743199

1. Entity Name

RIVERS EDGE HOME OWNERS ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90008 019 ****61.25

| | |
|---|--|
| Principal Place of Business P O BOX 510462 MELBOURNE BEACH FL 32951 | Mailing Address P O BOX 510462 MELBOURNE BEACH FL 32951-0462 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-2381003 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| CRISCIONE, JOHN 2300 S RIVER RD MELBOURNE BEACH FL 32951 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| 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 | (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 | |
|----------------------------|-------------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SOMERS JO |
| STREET ADDRESS | 2265 SEA HORSE DRIVE |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | CRISCIONE, JOHN |
| STREET ADDRESS | 2300 S RIVER RD |
| CITY-ST-ZIP | MELBOURNE BCH FL 32951 |
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | NABERHAUS, ROBERT |
| STREET ADDRESS | 350 AMBERJACK PL |
| CITY-ST-ZIP | MELBOURNE BCH FL 32951 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PAUKSHUS TERRY |
| STREET ADDRESS | 2230 S RIVER RD |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | NOBLE SUE |
| STREET ADDRESS | 330 MARLIN PLACE |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | STWALLEY, H J (JIM) |
| STREET ADDRESS | 2300 S RIVER RD |
| CITY-ST-ZIP | MELBOURNE BCH FL 32951 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERICKSON, CARL |
| STREET ADDRESS | 2265 SEA HORSE DR |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 |
| TITLE | DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINELLO, LORETTA |
| STREET ADDRESS | 2220 S. RIVER RD |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WESTERFIELD, RUSSELL |
| STREET ADDRESS | 2240 SEA HORSE DR. |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> 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)(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: John Criscione CRISCIONE 1/30/00 (321) 724-5203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)