## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # 743199** RIVERS EDGE HOME OWNERS ASSOCIATION, INC. 04-20-2001 90175 026 \*\*\*\*61.25 Principal Place of Business Mailing Address P O BOX 510462 P O BOX 510462 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2381003 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \_\_6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CRISCIONE, JOHN 2300 S RIVER RD **MELBOURNE BEACH FL 32951** City 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:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete ☐ Change Addition TITLE ERICKSON, CARL NAME NAME RICHARD ROBECKI 2265 SEA HORSE DRIVE STREET ADDRESS STREET ADDRESS 2240 SI RIVER RD CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP MELBOURNE BCH. 32951 TD Addition TITLE ☐ Delete TITLE ☐ Change CRISCIONE, JOHN NAME NAME STREET ADDRESS 2300 S RIVER RD STREET ADDRESS MELBOURNE BCH FL 32951 CITY-ST-ZIP -CITY-ST-7IP. . . TITLE ☐ Delete TITLE Change Addition NABERHAUS, ROBERT NAME NAME 350 AMBERJACK PL STREET ADDRESS STREET ADDRESS CITY-ST-7IP MELBOURNE BCH FL 32951 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WESTERFIELD, RUSSELL NAME 2240 SEA HORSE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition **NOBLE SUE** NAME NAME STREET ADDRESS 330 MARLIN PLACE STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MARTINELLO, LORETTA NAME NAME STREET ADDRESS 2220 S. RIVER RD STREET ADDRESS CITY-ST-ZIP **MELBOURNE BCH FL 32951** 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:

PHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

321-725-5203

Daytime Phone #

FILED