

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90151 016 ****61.25

DOCUMENT # 743199

1. Entity Name

RIVERS EDGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**P O BOX 510462
MELBOURNE BEACH FL 32951**

Mailing Address

**P O BOX 510462
MELBOURNE BEACH FL 32951**

00061070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2381003**

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

**CRISCIONE, JOHN
2300 S RIVER RD
MELBOURNE BEACH FL 32951**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, CARL 2265 SEA HORSE DRIVE MELBOURNE BEACH FL 32951	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRISCIONE, JOHN 2300 S RIVER RD MELBOURNE BCH FL 32951	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABERHAUS, ROBERT 350 AMBERJACK PL MELBOURNE BCH FL 32951	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTERFIELD, RUSSELL 2240 SEA HORSE DR MELBOURNE BEACH FL 32951	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE SUE 330 MARLIN PLACE MELBOURNE BEACH FL 32951	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINELLO, LORETTA 2220 S. RIVER RD MELBOURNE BCH FL 32951	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBECKI, RICHARD 2240 S. RIVER RD MELBOURNE BCH FL 32951	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NABERHAUS, ROBERT 350 AMBERJACK PL MELBOURNE BCH FL 32951	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HERNANDEZ, GABE 250 POMPANO DRIVE MELBOURNE BCH FL 32951	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CRAIN, KATHY 353 ALBACORE PLACE MELBOURNE BCH FL 32951	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MOODY, DAVE 303 MARLIN PLACE MELBOURNE BCH FL 32951	☐ Change ☒ Addition

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:

SIGNATURE REQUIRED

1/28/03 321-724-5203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)