

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90020 050 \*\*\*\*61.25

**DOCUMENT # 751466**

1. Entity Name

**THE RIVER RIDGE HOME OWNERS ASSOCIATION OF MARTI**

Principal Place of Business

Mailing Address

C/O BRISTOL MANAGEMENT SERVICES, INC.  
 103 S. US #1 SUITE F5-135  
 JUPITER FL 33477  
 US

%BRISTOL MANAGEMENT SERVICES, INC.  
 103 S. US #1 SUITE F5-135  
 JUPITER FL 33477  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0012585**

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

**INGLIS, STEVE**  
 103 S US HWY 1, #FS-135  
 JUPITER FL 33477

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOZZO, JOE</b>	
STREET ADDRESS	<b>18767 RIVER RIDGE RD</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOGEL, JEAN</b>	
STREET ADDRESS	<b>18430 SE LAKESIDE DR.</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ETCHELLS, LANNA</b>	
STREET ADDRESS	<b>18470 LAKESIDE DR.</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FAUCHER, DOUG</b>	
STREET ADDRESS	<b>18209 RIVERVIEW DR</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WITTE, CAROL</b>	
STREET ADDRESS	<b>18217 SE RIDGEVIEW DRIVE</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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** *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/00* *575-3551*  
 Date Daytime Phone #

CR2E037 (9/99)