


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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90150 027 ****61.25

DOCUMENT # N00000005747

1. Entity Name
**RIVERVIEW CORPORATE CENTER OWNERS ASSOCIATION, I
NC.**



Principal Place of Business
**27300 RIVERVIEW CENTER BLVD
#201
BONITA SPRINGS FL 34134**

Mailing Address
**27300 RIVERVIEW CENTER BLVD
#201
BONITA SPRINGS FL 34134**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3673648**

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PRICE, R. SCOTT
821 FIFTH AVE SOUTH
201
NAPLES FL 34102**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGARVEY, JOHN S	
STREET ADDRESS	27300 RIVERVIEW CTR BLVD #201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRICE, WILLIAM G JR	
STREET ADDRESS	27300 RIVERVIEW CTR BLVD #201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCGARVEY, JOANNE H	
STREET ADDRESS	27300 RIVERVIEW CTR BLVD #201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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 I am empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3-25-03 239-992-8940

CR2E037 (10/02)