2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
02-17-2002 90091 044 ****70.00

DOCUMENT # N00000006836

1. Entity Name
RIVERSBEND UNIT II OF ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~11524 SWIFTWATER CIRCLE~~ ~~ORLANDO FL 32817~~ 11501 Swift Water Circle Orlando FL 32817	~~11524 SWIFTWATER CIRCLE~~ ~~ORLANDO FL 32817~~ 11501 Swift Water Circle Orlando FL 32817
2. Principal Place of Business: Orange County / Orlando FL	3. Mailing Address
Suite, Apt. #, etc.: 11501 Swift Water Circle	Suite, Apt. #, etc.
City & State: Orlando FL	City & State
Zip: 32817 / Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 42-1528456 ~~59-3329823~~ [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, PETER L 11524 SWIFTWATER CIRCLE ORLANDO FL 32817	Name: Alan Shamblin Street Address (P.O. Box Number is Not Acceptable): 11501 Swift Water Circle City: Orlando FL ~~[illegible]~~ FL Zip Code: 32817

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: Alan Q. Shamblin — Alan Q. Shamblin, Pres. DP&RT — 1/29/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSE, PETER L MD 11524 SWIFTWATER CIRCLE ORLANDO FL 32817 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Alan Shamblin 11501 Swift Water Circle Orlando FL 32817 "D" [ ] Change [X] Addition ADDRESS OK
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHAMBLIN, ALIN 11524 SWIFTWATER CIRCLE ORLANDO FL 32817 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President John Miller 11474 Swift Water Circle Orlando FL 32817 "D" [ ] Change [X] Addition ADDRESS OK
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARZANTI, TOM 11524 SWIFTWATER CIRCLE ORLANDO FL 32817 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Todd Goble 11475 Swift Water Circle Orlando FL 32817 "D" [ ] Change [X] Addition address ok
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Sunee Wilkins 11463 Swift Water Circle Orlando FL 32817 "D" [ ] Change [X] Addition address ok
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] 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 President — Alan Q Shamblin — 1-29-02 — 407-623-3881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)