FILED
Jun 16, 2002 8:00 am
Secretary of State
05-21-2002 91148 044 ***150.00

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

DOCUMENT # N01000007470

1. Entity Name
Riveroaks in the Hammock HOA, Inc.

[redacted]

DO NOT WRITE IN THIS SPACE

92805

2. Principal Place of Business	3. Mailing Address
5183 N. Oceanshore Blvd	P.O. Box 354928
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast, Fl.	City & State: Palm Coast, Fl.
Zip: 32137 Country: USA	Zip: 32135 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Timothy Conner
Street Address (P.O. Box Number is Not Acceptable): 1 Florida Park Dr. North
City: Palm Coast FL Zip Code: 32137

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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: ______________________ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Derek Foulkes
STREET ADDRESS	PO Box 354928
CITY-ST-ZIP	Palm Coast, Fl. 32135 (D)
TITLE	V-President
NAME	Donald Lerner
STREET ADDRESS	P.O. Box 354928
CITY-ST-ZIP	Palm Coast Fl. 32135 (D)
TITLE	Sec/Tres.
NAME	Brenda Lerner
STREET ADDRESS	PO Box 354928
CITY-ST-ZIP	Palm Coast, Fl. 32135 (D)
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E031 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Derek Foulkes 4-30-02 386-445-4388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Development Co. 770-594-7417 05/01/02 08:57P P.001