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

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90164 010 ****61.25

DOCUMENT # N02000004429

1. Entity Name

RIVERWALK MOBILE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SCOTT E. GORDON. ESQ. 240 SOUTH PINEAPPLE AVENUE SARASOTA FL 34236	C/O SCOTT E. GORDON. ESQ. 240 SOUTH PINEAPPLE AVENUE SARASOTA FL 34236

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☑ Not Applicable

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
GORDON, SCOTT E 240 SOUTH PINEAPPLE AVENUE SARASOTA FL 34236	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 VONHOLTEN, PHYLLIS 314 SALT CREEK DRIVE NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President JUDD L. CROCKER 155 RIVERWALK DR NORTH PORT FL 34287	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARENTETTE, GLEN 621 WOODWYN COURT NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	First Vice President JACK Diegel 144 Riverwalk Dr NorthPort FL 34287	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, VIRGINIA 214 NATURE'S WAY NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Second Vice President Charlie Clark 618 woodwyn ct NorthPort FL 34287	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNE, KATHLEEN 122 RIVERWALK DRIVE NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Diane Rudd 322 Cypress Run Ct NorthPort FL 34287	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALIN, KENNETH 216 NATURES WAY NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Ron Moore 623 woodwyn ct NorthPort FL 34287	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROCKER, JUDD 155 RIVERWALK DRIVE NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bill Adams 324 Cypress Run Ct NorthPort FL 34287	☐ Change ☐ Addition

CR2E037 (10/02)

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 Judd L. Crocker 941-423-8909