

DOCUMENT # N07735

1. Entity Name

RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

01-19-2000 90300 011 ****61.25

Principal Place of Business

6400 CANE RUN DR
 NEW PORT RICHEY FL 34652-9213
 US

Mailing Address

C/O ALLEN MUELLING
 6407 CANE RUN DRIVE
 NEW PORT RICHEY FL 34652-2246
 US

2. Principal Place of Business

5330 GREENKEY RD

3. Mailing Address

C/O RALPH FECHO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6400 CANE RUN DR

City & State

NEW PORT RICHEY, FLA

City & State

NEW PORT RICHEY, FLA

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO

4. FEI Number

23-5222185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FECHO, RALPH
 6400 CANE RUN DR
 NEW PORT RICHEY FL 34652

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.

SIGNATURE

Signature, typewritten 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MUELLING, LUCILLE	
STREET ADDRESS	6407 CANE RUN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTSTATSOS, BARBARA	
STREET ADDRESS	6520 CARLY DR	
CITY-ST-ZIP	NEW PT RICHEY FL 34652	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIETRANTONIO, GERALDINE	
STREET ADDRESS	8441 GASTON DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAACK, FLORENCE	
STREET ADDRESS	6401 CANE OR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCUTT, MELBA	
STREET ADDRESS	6344 PRESTON DR	
CITY-ST-ZIP	NEW PT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARWOLD, BESSIE	
STREET ADDRESS	6505 CARLY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRERSURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Fecho	
STREET ADDRESS	6400 CANE RUN DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
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:

Ralph Fecho
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00 727-844-5034

CR2037 (9/99)