FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## Mar 28, 2001 8:00 am Secretary of State DOCUMENT # N07735 1. Entity Name 03-28-2001 90214 004 \*\*\*\*61.25 RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5330 GREEN KEY ROAD C/ORALPH FECHO 6407 CANE RUN DRIVE **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34652-9213 2. Principal Place of Business 3. Mailing Address 5330 GREEN % CAROL TRADER Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6410 C City & State City & State 4. FEI Number Applied For 23-5222185 NEW EW PORT Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRADER AROL Street Address (P.O. Box Number is Not Acceptable) FECHO, RALPH 6400 CANE RUN DR **NEW PORT RICHEY FL 34652** Zip Code 34652 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 ure, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITI F Addition TITLE ■ Delete ROBERT COTE 6518 BRANDON DRIVE MUELLING, LUCILLE NAME NAME STREET ADDRESS STREET ADDRESS 6407 CANE RUN DR CITY-ST-ZIP NEW PORT RICHEY FL CITY-ST-ZIP **NEW PORT RICHEY FL** ☐ Addition TITLE Change TITLE ☐ Delete MONTSTATSOS, BARBARA NAME SAME 0 STREET ADDRESS STREET ADDRESS 6520 CARLY DR CITY-ST-ZIP CITY-ST-7IP **NEW PT RICHEY FL 34652** S MARIE WOLBERS 6416 PRESTON DRIVE TITLE Delete PIETRANTONIO, GERALDINE NAME NAME STREET ADDRESS 6441 GRASTON DR STREET ADDRESS NEW PORT RICHEY FL 34652 T CAROL TRADER | Change | CITY-ST-7IP CITY-ST-7IP **NEW PORT RICHEY FL 34652** TITLE M Delete TITLE 6410 CANE RUN DRIVE HAACK, FLORENCE NAME NAME STREET ADDRESS STREET ADDRESS 6401 CANE DR NEW PORT RICHEY, FL 34652 CITY-ST-ZIP **NEW PORT RICHEY FL** City-St-7IP TITLE ☐ Delete TITLE HOCUTT, MELBA NAME NAME SAME STREET ADDRESS 6344 PRESTON DR STREET ADDRESS CITY-ST-7IP **NEW PT RICHEY FL 34652** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GARWOLD, BESSIE NAME NAME STREET ADDRESS 6505 CARLY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 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

Paral Trader 3-16-0,