

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90031 001 ****61.25

DOCUMENT # N17080

1. Entity Name

THE RIVER HOMES OF SEA OAKS HOMEOWNERS ASSOCIATI

Principal Place of Business

Mailing Address

1235 WINDING OAKS CIRCLE
 VERO BEACH FL 32963-4024

1235 WINDING OAKS CIRCLE
 VERO BEACH FL 32963-4025

AUG34500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2689708

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAWSON, PAMELA
 1235 WINDING OAKS CIRCLE
 VERO BEACH FL 32963

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

Pamela Dawson

Paul H. 2-24-00

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	T	<input type="checkbox"/> Delete
NAME	MARTIN, DICK	
STREET ADDRESS	1235 WINDING OAKS CIR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GERSTELL, BARBARA	
STREET ADDRESS	1235 WINDING OAKS CIR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATOTA, JOAN	
STREET ADDRESS	1235 WINDING OAKS CIR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOVE, FRANCIS	
STREET ADDRESS	1235 WINDING OAKS CIR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARLSON, ROLAND	
STREET ADDRESS	1235 WINDING OAKS CIR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DICK	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSTELL, BARBARA	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATOTA, JOAN	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REILLY, DAVID	
STREET ADDRESS	1235 WINDING OAKS CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00 561-231-2154

Date

Daytime Phone #

CR2E037 19/99