


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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90114 039 \*\*\*\*61.25

**DOCUMENT # N28123**

1. Entity Name  
**RIVER BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business  
**5145 WATER LILY WAY  
FT. PIERCE, FL 34981  
US**

Mailing Address  
**5145 WATER LILY WAY  
FT. PIERCE, FL 34981  
US**

2. Principal Place of Business  
**5145 TURTLE CK PL**

3. Mailing Address  
**5145 TURTLE CK PL**

Suite, Apt. #, etc.

City & State  
**Ft. Pierce, FL**

City & State  
**Ft. Pierce, FL**

Zip  
**34981**

Country  
**31 LXIE**

Zip  
**34981**

Country  
**USIT**

4. FEI Number **65-0160871** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DAYTON, PAUL  
5145 WATER LILY WAY  
FT. PIERCE FL 34981**

7. Name and Address of New Registered Agent  
Name **DAYTON, Paul**  
Street Address (P.O. Box Number is Not Acceptable)  
**5145 TURTLE CK PL**  
City **Ft. Pierce, FL** Zip Code **34981**



CHECK HERE IF MAKING CHANGES

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: *Paul Dayton* DATE: **4/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLETT, GARY</b>	NAME	
STREET ADDRESS	<b>5145 WATER LILY WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, MICHAEL</b>	NAME	<b>PHILIP VAN Zyl, Philip</b>
STREET ADDRESS	<b>2101 RIVER BRANCH DR</b>	STREET ADDRESS	<b>5148 Waterside Way</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	CITY-ST-ZIP	<b>Ft. Pierce, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KELLOGG, LOIS P.</b>	NAME	<b>Trewyn, Timothy</b>
STREET ADDRESS	<b>5148 WATERSIDE WAY</b>	STREET ADDRESS	<b>2208 River Branch Dr</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	CITY-ST-ZIP	<b>Ft. Pierce, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAYTON, PAUL</b>	NAME	
STREET ADDRESS	<b>5145 TURTLE CREEK PL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIGHAM, GARY</b>	NAME	
STREET ADDRESS	<b>2303 RIVER BRANCH DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Paul Dayton* DATE: **4/15/03** DAYTIME PHONE #: **772 489 0571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)