

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90141 048 ****61.25

DOCUMENT # N35673
 1. Entity Name
RIVER OAKS EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
10446 N. NATCHEZ LOOP 10446 N. NATCHEZ LOOP
DUNNELLON FL 34434-3740 DUNNELLON FL 34434-3740

2. Principal Place of Business 3. Mailing Address
10135 N. NATCHEZ LOOP 10135 N. NATCHEZ LOOP
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DUNNELLON FL DUNNELLON FL
 Zip Country Zip Country
34434-3750 USA 34434-3750 USA

4. FEI Number Applied For
59-3086423 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
O'BRIEN, JOHN
10135 N. NATCHEZ LOOP
DUNNELLON FL 34434-3750

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Delete WARNER, RAMON 2229 E. SHOSHONI CT. DUNNELLON FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Delete SHEETS, PHILIP 10364 N. NATCHEZ LOOP DUNNELLON FL 34434-3740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Delete ROWE, ELEANORE 10446 N. NATCHEZ LOOP DUNNELLON FL 34434-3740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Delete O'BRIEN, JOHN 10135 N. NATCHEZ LOOP DUNNELLON FL 34434-3740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MEITUS, ROBERT 1430 E. MONOPOLY LOOP INVERNESS FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/D FLEMING KENDALL 2190 E. SHOSHONICT DUNNELLON FL 34434-3706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/D JOHN FOX 10436 N. NATCHEZ LOOP DUNNELLON FL 34434-3740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/D GBRI TREPPA 10199 N. NATCHEZ LOOP DUNNELLON FL 34434-3750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D J. THOMAS JORDAN P.O. Box 277 HOLDER FL 34445-0277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6 JAN 2001** **352-465-2458**
Signature Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)