

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90022 043 ****61.25

DOCUMENT # N35673

1. Entity Name

RIVER OAKS EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Fleming Kendall
2190 E Shoshoni Ct
Dunnellon, FL 34434

10135 N NATCHEZ LOOP
DUNNELLO FL 34434-3740

904990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3 Mailing Address

Suite, Apt. #, etc.

City & State

Fleming Kendall
2190 E Shoshoni Ct
Dunnellon, FL 34434

4. FEI Number

59-3086423

Applied For

Not Applicable

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

O'BRIEN, JOHN
10135 N. NATCHEZ LOOP
DUNNELLO FL 34434-3750

Name **FLEMING KENDALL**

Street Address (P.O. Box Number is Not Acceptable)

2190 E. SHOSHONI, CT.

City **DUNNELLO**

FL

Zip Code **34434**

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

John OB.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P/D	WARNER, RAMON	2190 E SHOSHINI COURT	DUNNELLO FL 34434	<input checked="" type="checkbox"/>
V/D	SHEETS, PHILIP	10436 N NATCHEZ LOOP	DUNNELLO FL 34434-3740	<input checked="" type="checkbox"/>
S/D	ROWE, ELEANORE	10446 N. NATCHEZ LOOP	DUNNELLO FL 34434-3740	<input checked="" type="checkbox"/>
T/D	O'BRIEN, JOHN	10135 N. NATCHEZ LOOP	DUNNELLO FL 34434-3740	<input checked="" type="checkbox"/>
D	JORDAN, J. THOMAS	PO BOX 277	HOLDER FL 34445-0277	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	JOHN A. FOX	10446 N. NATCHEZ L.P.	DUNNELLO, FL. 34434	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V-D	SHIELA MEITOS	10302 N. NATCHEZ L.P.	DUNNELLO, FLA-34434	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S-D	GERI TREPPA	10199 N. NATCHEZ L.P.	DUNNELLO, FL 34434	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T-D	FLEMING KENDALL	2190 E. SHOSHONI CT.	DUNNELLO, FL 34434	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Fleming Kendall* **FLEMING KENDALL** 7 JAN 02 352-489-5696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)