


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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90153 037 ****61.25

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



DO NOT WRITE IN THIS SPACE

60010263

2. Principal Place of Business
Philip E Sheets
3. Mailing Address
Philip E Sheets
4. FEI Number
59-3086423
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

10364 N. NATCHEZ LOOP
Dunnellon, FL 34434
10364 N. Natchez Loop
Dunnellon, FL 34434

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Philip E Sheets**
Street Address (P.O. Box Number is Not Acceptable)
10364 N. NATCHEZ LOOP
City **Dunnellon** 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *[Signature]* DATE **1/19/2003**
(NOTE: Registered Agent signature required when re-registering)

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE	JOHN W. DUANE P/D	TITLE	
NAME	1957 E. DELAWARE CRT.	NAME	
STREET ADDRESS	Dunnellon, FL 34434	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	DUANE RAZINK	NAME	
STREET ADDRESS	10217 N. NATCHEZ LOOP	STREET ADDRESS	
CITY-ST-ZIP	Dunnellon, FL 34434	CITY-ST-ZIP	
TITLE	S/D	TITLE	
NAME	GERRI TREPPA	NAME	
STREET ADDRESS	10199 N. NATCHEZ LOOP	STREET ADDRESS	
CITY-ST-ZIP	Dunnellon, FL 34434	CITY-ST-ZIP	
TITLE	T/D	TITLE	
NAME	Philip E SHEETS	NAME	
STREET ADDRESS	10364 N. NATCHEZ LOOP	STREET ADDRESS	
CITY-ST-ZIP	Dunnellon, FL 34434	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SHEILA MEITUS	NAME	
STREET ADDRESS	10382 N. NATCHEZ LOOP	STREET ADDRESS	
CITY-ST-ZIP	Dunnellon, FL 34434	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.
SIGNATURE: *[Signature]* DATE **1/20/03** 352-465-7812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037B (12/02)