

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90127 003 \*\*\*\*61.25

**DOCUMENT # N47232**

1. Entity Name

**RIVER OAKS I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779-5044  
 US

2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779-5044  
 US



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

**59-3107904**

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

**HART, JAMES W**  
**2180 WEST SR 434, SUITE 5000**  
**LONGWOOD FL 32779-5044**

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	SPAIN, NANCY	
STREET ADDRESS	253 BAYOU CIRCLE	
CITY-ST-ZIP	DEBARY FL 32817	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RYAN, CHERYL	
STREET ADDRESS	277 BAYOU CIRCLE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	UTSEY, LISA	
STREET ADDRESS	267 BAYOU CIRCLE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIN, DONNA	
STREET ADDRESS	251 BAYOU CIR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DONNELL, MICHELLE	
STREET ADDRESS	299 MARSH LANDING CIR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERLIN, DAVID	
STREET ADDRESS	255 BAYOU CIR	
CITY-ST-ZIP	DEBARY FL 32713	
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		
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

*3/25/02 386684306*

Date

Daytime Phone #

CR2E037 (9/01)