

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 8:00 am**
Secretary of State

04-20-2001 90304 050 ****61.25

0000033

DOCUMENT # N47859

1. Entity Name

RIVER PARK PHASE 1 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**2180 WEST S.R. 434
SUITE 5000
LONGWOOD FL 32779**

Mailing Address

**2180 WEST S.R. 434
SUITE 5000
LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3111191

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

**HART, JAMES W. JR
C/O SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434 STE 5000
LONGWOOD FL 32779**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTINE, DOMINICK 10223 WILLOWEMAC CT ORLANDO FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, MAY <input checked="" type="checkbox"/> Delete 1931 RIVER PARK BLVD ORLANDO FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COFFEY, DUANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10216 WILLOWEMAC CT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, KIM <input type="checkbox"/> Delete 10249 WILLOWEMAC CT ORLANDO FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA, VERNON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2077 RIVER PARK BLVD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, KIM <input checked="" type="checkbox"/> Delete 10249 WILLOWEMAC COURT ORLANDO FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BEVERLY <input type="checkbox"/> Delete 10212 WILLOWEMAC CT ORLANDO FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLIVER, ALLEN <input type="checkbox"/> Delete 10204 WILLOWEMAC COURT ORLANDO FL 32817	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

Date

Daytime Phone #

CR2E037 (10/00)