

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90025 041 ****70.00

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1. Entity Name

RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

106 GLENN STREET
CRESCENT CITY FL 32112

Mailing Address

106 GLENN STREET
CRESCENT CITY FL 32112

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

59-3108001

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLER, MARILYN E
113 GOLF COURSE STREET
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name

Harry F. Johnson

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

137 Virginia St.

City

Crescent City,

FL

Zip Code
32112

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 Harry F. Johnson/President

02-03-04

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
Due By May 1, 2004**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MARILYN E	
STREET ADDRESS	113 GOLF COURSE STREET	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARKER, KENNETH	
STREET ADDRESS	PO BOX 1086 129 PALM DR	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, CHRISTINE A	
STREET ADDRESS	115 PUTTER LANE	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HARRY	
STREET ADDRESS	137 VIRGINIA STREET	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIXON, SHIRLEY	
STREET ADDRESS	604 BASS DR	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIGGERSTAFF, J.R.	
STREET ADDRESS	104 LUDWIG	
CITY-ST-ZIP	CRESCENT CITY FL 32112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry F. Johnson	
STREET ADDRESS	137 Virginia St.	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Muscott	
STREET ADDRESS	106 Holly St.	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Felska	
STREET ADDRESS	108 Glenn St.	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James D. Carey	
STREET ADDRESS	104 Lake Drive	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elsie Seagle	
STREET ADDRESS	123 Carolina St.	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ervin Borsum	
STREET ADDRESS	117 Illinois St.	
CITY-ST-ZIP	Crescent City, FL 32112	

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:

Harry F. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04 386 467 9113
Date Daytime Phone #