

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004950

1. Entity Name

RIVER MOORINGS OWNERS' ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90211 034 ****61.25

Principal Place of Business

Mailing Address

**495 RIVER MOORINGS DRIVE
 MERRITT ISLAND FL 32953**

**495 RIVER MOORINGS DRIVE
 MERRITT ISLAND FL 32953-7800**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3460156

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENYHART, ANDREW W
 160 MCLEOD ST.
 MERRITT ISLAND FL 32953**

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 Delete
 NAME **PD FINNIGAN, ROGER G**
 STREET ADDRESS **495 RIVER MOORINGS DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD STAPLES, GERI**
 STREET ADDRESS **510 RIVER MOORINGS DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD GOHIL, SARYU**
 STREET ADDRESS **670 RIVER MOORINGS DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD PRITCHARD, RON**
 STREET ADDRESS **495 MOHAWK TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD PELL, LONNIE**
 STREET ADDRESS **630 RIVER MOORINGS DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SARYU GOHIL
SARYU GOHIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00 (321)459-2179

Date Daytime Phone #

CR2E037 (9/99)