

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90037 048 ****61.25

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DOCUMENT # N96000004950
 1. Entity Name
RIVER MOORINGS OWNERS' ASSOCIATION, INC.

Principal Place of Business 495 RIVER MOORINGS DRIVE MERRITT ISLAND FL 32953	Mailing Address 495 RIVER MOORINGS DRIVE MERRITT ISLAND FL 32953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 450 River Moorings Dr.	3. Mailing Address Suite, Apt. #, etc. P.O. Box 540426
City & State Merritt Island, Fl	City & State Merritt Island, Fl
Zip 32953	Country USA

4. FEI Number 59-3460156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MENYHART, ANDREW W
160 MCLEOD ST.
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
 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

TITLE NAME PD FINNIGAN, ROGER G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 495 RIVER MOORINGS DRIVE	
CITY-ST-ZIP MERRITT ISLAND FL 32953	
TITLE NAME SD STAPLES, GERI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 510 RIVER MOORINGS DRIVE	
CITY-ST-ZIP MERRITT ISLAND FL 32953	
TITLE NAME TD GOHIL, SARYU	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 670 RIVER MOORINGS DRIVE	
CITY-ST-ZIP MERRITT ISLAND FL 32953	
TITLE NAME VPD PRITCHARD, RON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 495 MOHAWK TRAIL	
CITY-ST-ZIP MERRITT ISLAND FL 32953	
TITLE NAME VPD PELL, LONNIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 630 RIVER MOORINGS DRIVE	
CITY-ST-ZIP MERRITT ISLAND FL 32953	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD PELL, PEGGY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 600 River Moorings Dr.	
CITY-ST-ZIP Merritt Island, Fl 32953	
TITLE NAME SD FERRANDO, VINCENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 475 River Moorings Dr.	
CITY-ST-ZIP Merritt Island, Fl 32953	
TITLE NAME TD SHEFFIELD, SALLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 565 River Moorings Dr.	
CITY-ST-ZIP Merritt Island, Fl 32953	
TITLE NAME D BURSIAN, HENRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 555 River Moorings Dr.	
CITY-ST-ZIP Merritt Island, Fl. 32953	
TITLE NAME D VAYDA, JEFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 640 River Moorings Dr.	
CITY-ST-ZIP Merritt Island, Fl 32953	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SALLY SHEFFIELD** *Sally Sheffield* **4-23-01** **321-452-0540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)