


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90156 047 ****61.25

DOCUMENT # N96000004950

1. Entity Name
RIVER MOORINGS OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

**495 RIVER MOORINGS DR.
MERRITT ISLAND FL 32953** **P.O. BOX 540426
MERRITT ISLAND FL 32954-0426**

33004304



CHECK HERE IF MAKING CHANGES

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 **59-3460156** Applied For
Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PELL, PEGGY	
STREET ADDRESS	600 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, SALLY	
STREET ADDRESS	565 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERRANDO, VINCENT	
STREET ADDRESS	475 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAYDA, JEFF	
STREET ADDRESS	640 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STAPLES, GLENN	
STREET ADDRESS	510 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN WOODS	
STREET ADDRESS	645 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY BEIGHLEY	
STREET ADDRESS	1720 E. RIVERA DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF VAYDA	
STREET ADDRESS	640 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
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: *Sally Sheffield* SALLY SHEFFIELD 02/07/03 321-452-0540

CR2E037 (10/02)