

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90094-042-\$61.25-\$61.25

**DOCUMENT # N97000000578**

1. Entity Name

**RIVER OAKS III HOMEOWNERS' ASSOCIATION, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 31 AM 8:21

Principal Place of Business

2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779-5044  
US

Mailing Address

2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779  
US

00027403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3425200

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779-5044

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: PD  Delete  
NAME: CARMICHAEL, WILLIAM  
STREET ADDRESS: 3504 LAKE LYNDA DRIVE, SUITE 170  
CITY-ST-ZIP: ORLANDO FL 32817

TITLE: VPD  Delete  
NAME: HENNESSY, JOSEPH D JR  
STREET ADDRESS: 3504 LAKE LYNDA DRIVE, SUITE 170  
CITY-ST-ZIP: ORLANDO FL 32817

TITLE: STD  Delete  
NAME: HERNDON, JEANNINE  
STREET ADDRESS: 3504 LAKE LYNDA DRIVE, SUITE 170  
CITY-ST-ZIP: ORLANDO FL 32817

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD  Change  Addition  
NAME: MILLER, BILL  
STREET ADDRESS: 255 BAYOU CIRCLE  
CITY-ST-ZIP: DEBARY FL 32713

TITLE: STD  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: PD  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  Change  Addition  
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:

*JENNIFER HENNESSY JR*

2/2/00

662-2282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)