

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000578

1. Entity Name

RIVER OAKS III HOMEOWNERS' ASSOCIATION, INC.

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 32779-5044
US

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

59-3425200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

TITLE SD ☐ Change ☒ Addition
NAME MEADOWS, GARY
STREET ADDRESS 205 RIVER VILLAGE DR
CITY-ST-ZIP DEBARY FL 32817

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

TITLE TD ☐ Change ☒ Addition
NAME NERONI, ALBERT
STREET ADDRESS 199 RIVER VILLAGE DR
CITY-ST-ZIP DEBARY FL 32713

TITLE VD ☐ Delete
NAME DAVIDSON, JON
STREET ADDRESS 219 RIVER VILLAGE DR
CITY-ST-ZIP DEBARY FL 32713

TITLE PD ☒ 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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

3-25-02 381-668-6159