

FILED
Feb 20, 2003 8:00 am
Secretary of State

01-31-2003 90369 017 ****61.25

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

1/2

DOCUMENT # N97000000578

1. Entity Name

RIVER OAKS III CONDOMINIUM
ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
RIVER VILLAGE DRIVE

3. Mailing Address
P. O. BOX 7149

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DEBARY, FL

City & State
DAYTONA BEACH, FL

4. FEI Number 59-3425200

Applied For
Not Applicable

Zip
32713

Country
USA

Zip
32226-7149

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOAN KING

Street Address (P.O. Box Number is Not Acceptable)

160 KEY COLONY COURT

City DAYTONA BEACH SHORES FL Zip Code
32118

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

Joan King

JOAN KING

1/27/03

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JON DAVIDSON - PRES
219 RIVER VILLAGE DRIVE
DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GARY MEADOWS - DIR
205 RIVER VILLAGE DRIVE
DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CRAIG KOWALSKI - DIR
203 RIVER VILLAGE DRIVE
DEBARY, FL 32713

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Meadows

GARY MEADOWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03

Date

386-753-0590

Daytime Phone #

CR2E0378 (12/02)