

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90074 029 ****61.25

DOCUMENT # N99000002537

1. Entity Name

RIVER MARSH AT PONTE VEDRA BEACH HOMEOWNERS ASSO R

Principal Place of Business

Mailing Address

ONE SHADY LANE
 PONTE VEDRA BEACH FL 32082

ONE SHADY LANE
 PONTE VEDRA BEACH FL 32082

00001316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

129 NANDINA CIRCLE

129 NANDINA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O WILLIAM COLLINS

C/O WILLIAM COLLINS

City & State

City & State

PONTE VEDRA BEACH

PONTE VEDRA BEACH

4. FEI Number

Applied For

59-3572986

Not Applicable

Zip

Country

Zip

Country

FLA

ST. JOHNS

FLA

ST. JOHNS

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

BARTLETT, BARON L
 50 NORTH A1A STE. 103
 PONTE VEDRA BEACH FL 32082

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
After September 13, 2000 min. will be \$236.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COLLINS, WILLIAM J	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 129 NANDINA CIRCLE		STREET ADDRESS:	
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP:	
NAME: LEGEZA, PETER P JR.	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE SHADY LANE		STREET ADDRESS:	
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP:	
NAME: RANDLE, CARON	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7630 FOUNDERS WAY		STREET ADDRESS:	
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: W Collins REQUIRED COLLINS Date: 7-6-00 Daytime Phone #: 904-285-8918

CR2E037 (5/00)