

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90124 034 ***150.00

DOCUMENT # N99000002537

1. Entity Name

**RIVER MARSH AT PONTE VEDRA BEACH HOMEOWNERS ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

**129 NANDINA CIRCLE
 % WILLIAM COLLINS
 PONTE VEDRA BEACH FL**

**129 NANDINA CIRCLE
 % WILLIAM COLLINS
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3572956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

W.J. Collins **W.J. COLLINS, PRESIDENT**

1-27-02

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	D	<input type="checkbox"/> Delete
NAME	COLLINS, WILLIAM J	
STREET ADDRESS	129 NANDINA CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGEZA, PETER P JR.	
STREET ADDRESS	152 RIVER MARSH DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDLE, CARON	
STREET ADDRESS	7630 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

W.J. Collins **W.J. COLLINS, PRESIDENT**

1-27-02

904-993-5180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)