

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N47859**

1. Entity Name

**RIVER PARK PHASE 1 COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

2180 WEST S.R. 434  
SUITE 5000  
LONGWOOD FL 32779

Mailing Address

2180 WEST S.R. 434  
SUITE 5000  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3111191

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  
C/O SENTRY MANAGEMENT, INC.  
2180 WEST S.R. 434 STE 5000  
LONGWOOD FL 32779

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 TO ☒ Delete  
NAME RECKENBERGER, MARY  
STREET ADDRESS 10223 WILLOWEMAC CT  
CITY-ST-ZIP ORLANDO FL 32817TITLE VD ☐ Change ☒ Addition  
NAME VALENTINE, DOMINICK  
STREET ADDRESS 10223 WILLOWEMAC CT  
CITY-ST-ZIP ORLANDO FL 32817TITLE VD ☐ Delete  
NAME RUSSELL, MAY  
STREET ADDRESS 1931 RIVER PARK BLVD  
CITY-ST-ZIP ORLANDO FLTITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32817TITLE D ☒ Delete  
NAME PARKER, PERCY  
STREET ADDRESS 1989 RIVER PARK BLVD  
CITY-ST-ZIP ORLANDO FL 32817TITLE SD ☐ Change ☒ Addition  
NAME STEWART, KIM  
STREET ADDRESS 10249 WILLOWEMAC CT  
CITY-ST-ZIP ORLANDO FL 32817TITLE PD ☒ Delete  
NAME WHITE, JAMES  
STREET ADDRESS 1973 RIVER PARK BLVD  
CITY-ST-ZIP ORLANDO FL 32817TITLE TD ☐ Change ☒ Addition  
NAME OLIVER, ALLEN  
STREET ADDRESS 10204 WILLOWEMAC CT  
CITY-ST-ZIP ORLANDO FL 32817TITLE D ☐ Delete  
NAME WILLIAMS, BEVERLY  
STREET ADDRESS 10212 WILLOWEMAC CT  
CITY-ST-ZIP ORLANDO FL 32817TITLE D ☐ Change ☒ Addition  
NAME COFFEY, DUANE  
STREET ADDRESS 10216 WILLOWEMAC CT  
CITY-ST-ZIP ORLANDO FL 32817TITLE SD ☒ Delete  
NAME JONES, MADELINE  
STREET ADDRESS 10233 NEVERSINK COURT  
CITY-ST-ZIP ORLANDO FL 32817TITLE D ☐ Change ☒ Addition  
NAME SYLVIA, VERNON  
STREET ADDRESS 2077 RIVER PARK BLVD  
CITY-ST-ZIP ORLANDO FL 32817

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:

REIMAR RUSSELL

Date

Daytime Phone #

CR2E037 (9/99)