

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

0000033

DOCUMENT # N47859

1. Entity Name

RIVER PARK PHASE 1 COMMUNITY ASSOCIATION, INC.

04-20-2001 90304 050 ****61.25

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 & State

City & 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 NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTINE, DOMINICK 10223 WILLOWEMAC CT ORLANDO FL 32817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, MAY 1931 RIVER PARK BLVD ORLANDO FL 32817	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, KIM 10249 WILLOWEMAC CT ORLANDO FL 32817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, KIM 10249 WILLOWEMAC COURT ORLANDO FL 32817	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BEVERLY 10212 WILLOWEMAC CT ORLANDO FL 32817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLIVER, ALLEN 10204 WILLOWEMAC COURT ORLANDO FL 32817	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COFFEY, DUANE 10216 WILLOWEMAC CT ORLANDO, FL 32817	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA, VERNON 2077 RIVER PARK BLVD ORLANDO, FL 32817	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #

CR2E037 (10/00)