

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90002 002 ****61.25

DOCUMENT # N00000000166

1. Entity Name

HOMES OF RIVIERA DUNES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

590 HABEN BLVD.
 PALMETTO FL 34221

590 HABEN BLVD.
 PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

109 HABEN BLVD

109 HABEN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

PALMETTO, FL

PALMETTO, FL

Zip

Country

Zip

Country

34221

USA

34221

USA

4. FEI Number

65-1065697

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

GRIMES, CALEB J ESQ
 1023 MANATEE AVENUE WEST
 BRADENTON FL 34205

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 PD Delete
 NAME SVERSON, LINDA J
 STREET ADDRESS 590 HABEN BLVD
 CITY-ST-ZIP PALMETTO FL 34221

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVP Delete
 NAME BRADFORD, DENNIS
 STREET ADDRESS 590 HABEN BLVD
 CITY-ST-ZIP PALMETTO FL 34221

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME MAGGIO, FRANK
 STREET ADDRESS 742 2ND AVE SOUTH
 CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Linda J Sverson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

941-722-2690

Date

Daytime Phone #

CR2E037 (9/01)