

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90433 049 ****61.25

DOCUMENT # N17080

1. Entity Name

THE RIVER HOMES OF SEA OAKS HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963-4024

Mailing Address

1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963-4024

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

59-2689708

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

DAWSON, PAMELA
1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963

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. I am familiar with, and accept the obligations of registered agent

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN, DICK
STREET ADDRESS 1235 WINDING OAKS CIR.
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE VD
NAME TAYLOR, JON
STREET ADDRESS 1539 SABAL COURT
CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete

TITLE ~~VD~~
NAME HIRSCH, CLAIRE
STREET ADDRESS 1235 WINDING OAKS CIR
CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete

TITLE ~~SD~~
NAME HULLIGAN, SUSAN
STREET ADDRESS 1526 ORCHID DRIVE
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE VT
NAME CARLSON, ROLAND
STREET ADDRESS 1235 WINDING OAKS CIR.
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~SD~~
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ~~VD~~
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 #