

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90089 027 \*\*\*\*61.25

**DOCUMENT # N96000003531**

1. Entity Name

**CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC.**



Principal Place of Business

**18721 SW 108 STREET  
DUNNELLON FL 34432**

Mailing Address

**P O BOX 817  
DUNNELLON FL 34430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0685545**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SEREDA, SHIRLEY  
18860 SW 110 PL  
DUNNELLON FL 34432**

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

**4-3-03**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SEREDA, SHIRLEY</b>	
STREET ADDRESS	<b>18860 SW 110 PLACE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KARPOWICH, GAIL</b>	
STREET ADDRESS	<b>18758 SW 108 ST</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CONVERSE, NANCY</b>	
STREET ADDRESS	<b>11075 SW 186 CIR</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34432</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BURKS, GRACE</b>	
STREET ADDRESS	<b>11190 SW 186 CIRCLE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REISEN, HARRY</b>	
STREET ADDRESS	<b>10943 189 TERRACE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEGEDUS, JAMES</b>	
STREET ADDRESS	<b>10971 SW 189 TERRACE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	

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	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMEN FISHER</b>	
STREET ADDRESS	<b>18721 SW 108th ST</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34432</b>	
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:** ~~SIGNATURE REQUIRED~~

**SHIRLEY SEREDA**

**4-3-03**

CR2E037 (10/02)