

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90219 015 \*\*\*\*\*61.25

0098521

**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 & 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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HART, JAMES W. JR  
C/O SENTRY MANAGEMENT, INC.  
2180 WEST S.R. 434 STE 5000  
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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**

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	<input type="checkbox"/> Delete
NAME	VALENTINE, ROBERT	
STREET ADDRESS	10223 WILLOWEMAC CT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HRYCAJ, JUDITH	
STREET ADDRESS	2070 RIVER PARK BLVD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIAAINA, MICHELLE	
STREET ADDRESS	10261 WILLOWEMAC CT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, RUSSELL	
STREET ADDRESS	1931 RIVER PARK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AHONKHAI, EMMANUEL	
STREET ADDRESS	2050 RIVER PARK BLVD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OLIVER, ALLEN	
STREET ADDRESS	10204 WILLOWEMAC COURT	
CITY-ST-ZIP	ORLANDO FL 32817	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: Robert Valentine 3-12-03 407-281-7527

CR2E037 (10/02)