

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000714

Entity Name: RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC.**Current Principal Place of Business:**106 GLENN STREET
CRESCENT CITY, FL 32112**Current Mailing Address:**106 GLENN STREET
CRESCENT CITY, FL 32112 US**FEI Number:** 59-3108001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROCK, MICHAEL H.
106 GLENN ST
CRESCENT CITY, FL 32112 US*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:** MICHAEL H. ROCK

02/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name PETERSON, DEBI
Address 106 GLENN ST
City-State-Zip: CRESCENT CITY FL 32112

Title DIRECTOR
Name ROBERT , JODWAY
Address 106 GLENN ST
City-State-Zip: CRESCENT CITY FL 32112

Title PRESIDENT
Name HOLLEY, DONNIE
Address 106 GLENN STREET
City-State-Zip: CRESCENT CITY FL 32112

Title VP
Name ROUTT, JAMES
Address 106 GLENN STREET
City-State-Zip: CRESCENT CITY FL 32112

Title TREASURER
Name HARRELL, MARY
Address 106 GLENN ST
City-State-Zip: CRESCENT CITY FL 32112

Title DIRECTOR
Name MEAGHER, THOMAS
Address 106 GLENN ST
City-State-Zip: CRESCENT CITY FL 32112

Title GENERAL MANAGER
Name ROCK, MICHAEL
Address 106 GLENN STREET
City-State-Zip: CRESCENT CITY FL 32112

Title D
Name MONTGOMERY, VIC
Address 106 GLENN STREET
City-State-Zip: CRESCENT CITY FL 32112

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL ROCK

GENERAL MANAGER

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name SCHOONOVER, FLOYD
Address 106 GLENN STREET
City-State-Zip: CRESCENT CITY FL 32112

Title DIRECTOR
Name FINNEGAN, TERRI
Address 106 GLENN STREET
City-State-Zip: CRESCENT CITY FL 32112

Title D
Name SNIPES, JAMES
Address 106 GLENN STREET
City-State-Zip: CRESCENT CITY FL 32112