

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90070 012 ****61.25

DOCUMENT # 710362

1. Entity Name

RIVERDALE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

33132 HICKORY RD
 DADE CITY FL 33523-9211
 US

Mailing Address

33132 HICKORY RD
 DADE CITY FL 33523-9211
 US

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

59-2364162

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

LANDEL, ANN M.
 33132 HICKORY RD
 DADE CITY FL 33523

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

Ann M. Landel

ANN M. LANDEL

2/12/01

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 **V** ☒ Delete
 NAME **MESSER, RICK**
 STREET ADDRESS **33160 PATRICE RD.**
 CITY-ST-ZIP **DADE CITY FL**

TITLE **Vice-President** ☒ Change ☐ Addition
 NAME **SLATE, EILEEN**
 STREET ADDRESS **33102 Jamette Road**
 CITY-ST-ZIP **Dade City, Fl. 33523**

TITLE **P** ☒ Delete
 NAME **BROWN, MARIANNE**
 STREET ADDRESS **33107 MULBERRY RD.**
 CITY-ST-ZIP **DADE CITY, FL 00000**

TITLE **President** ☒ Change ☐ Addition
 NAME **SMITH, MADELINE**
 STREET ADDRESS **33138 Cercelia Road**
 CITY-ST-ZIP **Dade City, Fl. 33523**

TITLE **D** ☒ Delete
 NAME **KIPKER, GERTRUDE**
 STREET ADDRESS **3488 RIVERDALE DR.**
 CITY-ST-ZIP **DADE CITY, FL 00000**

TITLE **Director** ☒ Change ☐ Addition
 NAME **STAFFORD, TYRONE**
 STREET ADDRESS **3507 Riverdale Drive**
 CITY-ST-ZIP **Dade City, Fl. 33523**

TITLE **D** ☒ Delete
 NAME **SMITH, WILLIAM**
 STREET ADDRESS **33138 CEDLEY RD.**
 CITY-ST-ZIP **DADE CITY FL**

TITLE **Director** ☒ Change ☐ Addition
 NAME **MESSER, RICK**
 STREET ADDRESS **33160 Patrice Road**
 CITY-ST-ZIP **Dade City, Fl. 33523**

TITLE **ST** ☐ Delete
 NAME **LANDEL, ANN M.**
 STREET ADDRESS **33132 HICKORY RD**
 CITY-ST-ZIP **DADE CITY, FL 00000**

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

TITLE **D** ☒ Delete
 NAME **LANDEL, LAURN**
 STREET ADDRESS **33132 HICKORY RD**
 CITY-ST-ZIP **DADE CITY FL**

TITLE **Director** ☒ Change ☐ Addition
 NAME **DUQUETTE, BERNICE**
 STREET ADDRESS **33188 Paulette Drive**
 CITY-ST-ZIP **Dade City, Fl. 33523**

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:

Ann M. Landel

Ann M. Landel

February 12, 2001

#352-583-3767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)