2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
02-20-2001 90033 025 ****61.25

DOCUMENT # 715001

1. Entity Name

RIVER OAKS COMMUNITY ASSOCIATION, INC.

624676

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5205 S. ORANGE AVENUE ORLANDO FL 32809	5205 S. ORANGE AVENUE ORLANDO FL 32809

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 59-2030685 ☐ 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
GLOVER, CHRISTOPHER F 364 HARBOUR ISLAND ROAD ORLANDO FL 32809	Name Frank Moletteire Street Address (P.O. Box Number is Not Acceptable) 5145 The Oaks Circle City Orlando **FL** Zip Code 32809

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 X Frank X Moletteire
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GLOVER, CHRISTOPHER F 364 HARBOUR ISLAND ROAD ORLANDO FL 32809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dana Christakos 476 Harbour Island Rd. Orlando, FL. 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEAFFER, CAROL 5101 THE OAKS CIRCLE ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARRISON, FRANK H 508 HARBOUR ISLAND ROAD ORLANDO FL 32809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brenda Copely 5109 The Oaks Ct. Orlando, FL. 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMER, FORREST 412 HARBOUR ISLAND RD ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GREEN, DARRELL 5122 LEEWARD WAY ORLANDO FL 32809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dick Copely 5109 The Oaks Ct. Orlando, FL. 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOON, MICHELLE 5133 THE OAKS CIRCLE ORLANDO FL 32809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rebecca Macio 460 Harbour Island Rd. Orlando, FL. 32809	☑ Change ☐ Addition

CR2E037 (10/00)

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 Brenda Copely 02/15/01 407-851-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #