

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90228 008 \*\*\*\*70.00

**DOCUMENT # 716733**

1. Entity Name  
**RIO VISTA PROPERTY OWNERS'S ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**606 MARLIN DRIVE**      **968 MARLIN DRIVE**  
**JUPITER FL 33458-4366**      **JUPITER FL 33458-4366**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**947 MARLIN CIRCLE**  
 Suite, Apt., #, etc.      Suite, Apt., #, etc.

City & State      City & State  
**JUPITER, FL**  
 Zip      Country      Zip      Country  
**33458**      **USA**

4. FEI Number      Applied For  
**59-2322215**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCNEILL, MARGARET**  
**968, MARLIN DRIVE**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent  
 Name      **LOUIS COAKLEY P**  
 Street Address (P.O. Box Number is Not Acceptable)      **947 Marlin Circle**  
 City      **Jupiter**      FL      Zip Code      **33458**

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      *Louis Coakley*      DATE      **9/1/02**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SIMMONS, DARLENE</b> <b>941 MARLIN DR</b> <b>JUPITER FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRANDT, WILBUR A</b> <b>936 MARLIN CIRCLE</b> <b>JUPITER FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCWHORTER, LESLEY III</b> <b>950 MARLIN DR</b> <b>JUPITER FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BULLARD, RICKY</b> <b>935 DOLPHIN DR</b> <b>JUPITER FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>COAKLEY, LOUIS</b> <b>947 MARLIN CIRCLE</b> <b>JUPITER FL 33458</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMMONS, BRIAN E</b> <b>941 MARLIN DRIVE</b> <b>JUPITER FL 33458</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Richard Nash</b> <b>974 Marlin Drive</b> <b>Jupiter, FL 33458</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SP</b> <b>Arlene Brooks</b> <b>951 Marlin Circle</b> <b>Jupiter, FL 33458</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>John Walsh</b> <b>942 Marlin Circle</b> <b>Jupiter, FL 33458</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>George McNeil</b> <b>968 Marlin Drive</b> <b>Jupiter, FL 33458</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>BILL KLEIN</b> <b>949 Dolphin Drive</b> <b>Jupiter, FL 33458</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mike McFarland</b> <b>949 Marlin Drive</b> <b>Jupiter, FL 33458</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:      *Louis Coakley*      **REQUIRE**      **Louis Coakley, President**      **9/1/02**      **561-691-7060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)