

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90447 011 \*\*\*\*61.25

**DOCUMENT # 729998**

1. Entity Name

**R.B. CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**RIVER BEND RD.  
PO BOX 190  
WELAKA FL 32193-7190**

Mailing Address

**RIVER BEND RD.  
PO BOX 190  
WELAKA FL 32193-7190**

**49005940**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7429472**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HALL, JIMMIE M  
130 RIVER BEND PL  
WELAKA FL 32193**

Name

**AUSTIN, William**

Street Address (P.O. Box Number is Not Acceptable)

**179 Beechers Point**

City

**WELAKA**

**FL**

Zip Code

**32193**

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

*William E. Austin*

**1-9-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **HOLLAND, CHARLES R**  
STREET ADDRESS **P.O. BOX 1012**  
CITY-ST-ZIP **WELAKA FL 32193**

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

TITLE **TD** ☒ Delete  
NAME **HALL, JIMMIE M**  
STREET ADDRESS **130 RIVER BEND PL**  
CITY-ST-ZIP **WELAKA FL**

TITLE **TD** ☒ Change ☐ Addition  
NAME **COX, GARY**  
STREET ADDRESS **11439 Lois CROSS DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **PD** ☐ Delete  
NAME **NEWTON, W R**  
STREET ADDRESS **4651 IRIQUOIS AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **M** ☐ Delete  
NAME **AUSTIN, WILLIAM**  
STREET ADDRESS **PO BOX 1077**  
CITY-ST-ZIP **WELAKA FL 32193**

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

TITLE **M** ☐ Delete  
NAME **JOHNSON, LESTER L JR**  
STREET ADDRESS **2252 STATE RD B**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*William E. Austin*

**1-9-03**

CR2E037 (10/02)