

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734801

1. Entity Name

RIVERHAVEN VILLAGE PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

2424 N ESSEX AVE  
HERNANDO FL 32642  
US

Mailing Address

2424 N ESSEX AVE  
HERNANDO FL 32642  
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

75-2236923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, ALVAH L JR  
2424 N ESSEX  
HERNANDO FL 34442

7. Name and Address of New Registered Agent

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

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

TITLE SD ☐ Delete  
NAME SMITH, JOYCE  
STREET ADDRESS 11994 W. RIVER HAVEN DR  
CITY-ST-ZIP HOMOSASSA FL

TITLE PD ☐ Delete  
NAME MOORE, MICHAEL  
STREET ADDRESS 11905 W RIVERHAVEN DR  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE VPD ☐ Delete  
NAME TRAVIS, KEVIN  
STREET ADDRESS 4821 S. WOODWAY  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE D ☒ Delete  
NAME ALEXANDER, BRUCE  
STREET ADDRESS 11814 W. RIVER HAVEN DR  
CITY-ST-ZIP HOMOSASSA FL

TITLE TD ☐ Delete  
NAME WHITMER, MARGARET  
STREET ADDRESS 5109 RUNNING BROOK DR  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE D ☒ Delete  
NAME DODD, ROBERT  
STREET ADDRESS 4845 S PRICES PT  
CITY-ST-ZIP HOMOSASSA FL 34448

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME BOB BLOCKUS  
STREET ADDRESS 5306 S. RUNNING BROOK DR.  
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE D ☐ Change ☒ Addition  
NAME JERRY GRIFFIN  
STREET ADDRESS 5012 S DEEPWATER PT  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE D ☐ Change ☒ Addition  
NAME ROGER SHELTON  
STREET ADDRESS 11894 W RIVERHAVEN DR.  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE D ☐ Change ☒ Addition  
NAME BOB THOMAS  
STREET ADDRESS 11762 W. TIMBERLANE RD.  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE D ☐ Change ☒ Addition  
NAME TOM WALTON  
STREET ADDRESS 5109 S RUNNING BROOK DR.  
CITY-ST-ZIP HOMOSASSA FL 34448

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:

MARGARET WHITMER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90058 042 \*\*\*\*\*61.25

938508



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)