2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90311 029 ****70.00

DOCUMENT # 739213

1. Entity Name

RIVER WOODS PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3772 OUTRIGGER CT. FT. PIERCE FL 34946 US	3772 OUTRIGGER CT. FT. PIERCE FL 34946-1911 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3695 RIVER WOODS DR.	3695 RIVER WOODS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. PIERCE, FL	City & State: FT. PIERCE, FL
Zip: 34946 Country: USA	Zip: 34946 Country: USA

4. FEI Number: NOT APPLICABLE ☐ 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
THOMA, RICHARD W. 3772 OUTRIGGER CT. FT. PIERCE FL 34946	Name: DICKENS, THOMAS A. Street Address (P.O. Box Number is Not Acceptable): 3695 RIVER WOODS DRIVE City: FT. PIERCE FL Zip Code: 34946

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.

CURRENT - Richard W. Thoma
NEW - THOMAS A. DICKENS

SIGNATURE: Thomas A. Dickens 03/26/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CL Nu 1165 3/27/2001
FILE NOW:
$70.00 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	D DICKENS, THOMAS A 3695 RIVER WOODS DR. FT. PIERCE FL 34946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; SECRETARY DICKENS, THOMAS A. 3695 RIVER WOODS DR. FT. PIERCE, FL 34946	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUGAN, G.D. III 3956 OUTRIGGER CT. FT. PIERCE FL 34946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; PRESIDENT DUGAN, G.D. III 3956 OUTRIGGER CT. FT. PIERCE, FL 34946	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACDONALD, MICHAEL 3684 RIVERWOODS DRIVE FT. PIERCE FL 34946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; VICE PRESIDENT GATES, DAVID S. 419 ANCHOR WAY FT. PIERCE, FL 34946	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAAB, JAMES P 3738 OUTRIGGER CT FT. PIERCE FL 34946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; TREASURER VAN HEKKEN, JAMES R. 304 ANCHOR WAY FT. PIERCE, FL 34946	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMASSI, PATRIZLO P.O. BOX 12356 FT. PIERCE FL 34981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST THOMAS, RICHARD W 3772 OUTRIGGER CT. FT. PIERCE FL 34946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Thomas A. Dickens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #