

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742201

1. Entity Name

RIVER WALK BY THE SEA HOMEOWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address

P O BOX 510172  
MELBOURNE BEACH FL 32951-7172

P O BOX 510172  
MELBOURNE BEACH FL 32951-0172  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2023511

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

DETTMER, DALE A  
780 S APOLLO BLVD.  
MELBOURNE FL 32901

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME GARY L HINKLE  
STREET ADDRESS 182 RIVER WALK DR  
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE Director ☐ Change ☒ Addition  
NAME Michelle Bonney  
STREET ADDRESS 232 River Walk Dr.  
CITY-ST-ZIP Melbourne Beach FL

TITLE S ☐ Delete  
NAME FAROTTO, RICHARD  
STREET ADDRESS 212 RIVER WALK DR  
CITY-ST-ZIP MELBOURNE BEACH FL

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

TITLE T ☐ Delete  
NAME JOHNSON, JAMES  
STREET ADDRESS 172 RIVER WALK DR  
CITY-ST-ZIP MELBOURNE BEACH FL

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

TITLE D ☒ Delete  
NAME KERSHAW, BOB  
STREET ADDRESS 159 RIVERMERE CT  
CITY-ST-ZIP MELBOURNE BEACH FL

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

TITLE P ☐ Delete  
NAME LADREW, DAVID  
STREET ADDRESS 205 RIVER WALK DR  
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE Director ☒ 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: James Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/00

Daytime Phone #

321 723-0923