## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **747895** Apr 20, 2000 8:00 am 1. Entity Name Secretary of State RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATI 04-20-2000 90065 022 \*\*\*\*61.25 Principal Place of Business Mailing Address 3100 S ATLANTIC AVE 3100 S ATLANTIC AVE COCOA BCH FL 32931 COCOA BCH FL 32931-2126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3058711 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable 3100 So A TLANT? WATSON, HELEN MRS 3100 S ATLANTIC #101 City COCOA BEACH FL 32931 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ~ OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition Delete TITLE TITLE ELSEY, JEAN A NAME NAME STREET ADDRESS 3100 S ATLANTIC #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE NAME ELSEY, DAVID MR NAME STREET ADDRESS 3100 S. ATLANTIC AVENUE #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL Addition Change D ☐ Delete TITLE TITLE KELLY PAUL MR NAME NAME STREET ADDRESS STREET ADDRESS **56 MOORLAND ROAD** CITY-ST-ZIP CITY-ST-ZIP SCITUATE MA ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. ELMER W. LIVINGSTON