

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90086 043 ****61.25

DOCUMENT # 754311

1. Entity Name

RIVERS EDGE PROPERTY OWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 46 SUNSET DRIVE SEBASTIAN FL 32958 US		Mailing Address 46 SUNSET DRIVE SEBASTIAN FL 32958 US		4. FEI Number 59-2966850		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent TODD, DEBBIE 20 SUNSET DR SEBASTIAN FL 32958				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, DEBBIE		NAME		
STREET ADDRESS	20 SUNSET DR		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMOSER, EDYTHE		NAME		
STREET ADDRESS	27 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32959		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, LINA		NAME		
STREET ADDRESS	7 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUWERET, BILL		NAME		
STREET ADDRESS	18 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HLADISH, JOHN		NAME		
STREET ADDRESS	43 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John HLADISH TREAS

Date

Daytime Phone #

CR2E037 (10/00)