

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 29, 2002 8:00 am
Secretary of State

04-21-2002 90892 013 ****61.25

DOCUMENT # 754311

1. Entity Name

RIVERS EDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

48 SUNSET DRIVE
 SEBASTIAN FL 32958
 US

48 SUNSET DRIVE
 SEBASTIAN FL 32958
 US

2. Principal Place of Business

49 Sunset Drive

3. Mailing Address

49 Sunset Drive

Suite, Apt. #, etc.

Sebastian Florida

Suite, Apt. #, etc.

City & State

Sebastian Florida

4. FEI Number

59-2966850

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PA Secretary	MAGGIE PERRY	47 SUNSET DRIVE	SEBASTIAN, FL 32958	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	DALENE CRAIG	49 SUNSET DRIVE	SEBASTIAN, FL 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)