FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 24, $\overline{2001}$ 8:00 am DOCUMENT # **761171** Secretary of State 1. Entity Name 08-24-2001 90004 006 ****61.25 RIVER OAKS ESTATES HOMEOWNERS' ASSOCIATION. INC. Principal Place of Business Mailing Address **CUB13330** RIVER OAKS DRIVE RIVER OAKS DRIVE P. O. BOX 513 P. O. BOX 513 OSTEEN FL 32764 OSTEEN FL 32764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2715006 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 Name Street Address (P.O. Box Number is Not Acceptable) BURCHER, KERIN 1321 DEER PATH DRIVE OSTEEN FL 32764 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 Fiorida. **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 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🔀 Delete TITLE PRESIDENT 500 Change Addition KAY RUTLEDGE NAME DIAZ. SANDIO NAME 1450 DEER PATH DR. STREET ADDRESS 1340 DEER PATH DR STREET ADDRESS CITY-ST-ZIP OSTEEN FL 32764 CITY-ST-ZIP OSTEEN, FL 32764 TITLE Delete TITLE TREASONE Change ☐ Addition DOUG GARRISON FERDERBER, ROBERT NAME STREET ADDRESS 600 RIVER OAKS DRIVE STREET ADDRESS 1260 DEER PATH OR CITY-ST-ZIP OSTEEN FL 32764 CITY-ST-ZIP 05856N, FC, 32764 TITLE Delete GECRETAR Change ☐ Addition LYNN WEB WILSON, REBECCA NAME NAME 1260 RAVBNS WAY 234 SOUTH 4 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP 0576EN FC. 32764 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOWEN, MIKE NAME NAME 1325 DEER PATH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OSTEEN FL 32764 CITY-ST-ZIP DIRFUTOR TITI F ☐ Delete TITLE ▼ Addition DAVIO-60DOARO NAME * NAME 214 PALM PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD, EL, 32773 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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