

2002 UNIFORM BUSINESS REPORT (UBR)

4/3/

FILED
May 28, 2002 8:00 am
Secretary of State

04-03-2002 90031 033 ****61.25

DOCUMENT # 761171

1. Entity Name

RIVER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**RIVER OAKS DRIVE
P. O. BOX 513
OSTEEN FL 32764**

**RIVER OAKS DRIVE
P. O. BOX 513
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

4. FEI Number

59-2715006

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

**BURCHER, KERIN
1321 DEER PATH DRIVE
OSTEEN FL 32764**

Name **Karen Curry**

Street Address (P.O. Box Number is Not Acceptable)

1255 Ravens Way

City **Osteen**

FL

Zip Code

32764

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

Karen Curry

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-02

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	P RUTLEDGE, KAY 1450 DEER PATH DR OSTEEN FL 32764	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRISON, DOUG 1280 DEER PATH DR OSTEEN FL 32764	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEB, LYNN 1280 RAVENS WAY OSTEEN FL 32764	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, MIKE 1325 DEER PATH DR OSTEEN FL 32764	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODDARD, DAVID 214 PALM PLACE SANFORD FL 32773	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AI Curry 1255 Ravens Way Osteen FL 32764	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Karen Curry 1255 Ravens Way Osteen FL 32764	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lynne Bowen 1325 Deer Path Dr Osteen FL 32764	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Burcher 1321 Deer Path Dr Osteen FL 32764	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Karen Curry
Karen Curry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02

407-328-9258

Date

Daytime Phone #

CR2E037 (9/01)