## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 761171** 01-16-2003 90164 010 \*\*\*\*70.00 1. Entity Name RIVER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address TUUTTOUT 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. CHECK HERE IF MAKING CHANGES City & State City & State \_4, FEI Number 59-27 15006 -----Applied For Not Applicable Zip Country Zin 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 CURRY, KAREN Box Number is Not Acce 1255 RAVENS WAY OSTEEN FL 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **⊠** Delete TITLE President Ta Change ☐ Addition NAME CURRY, AL NAME Ray Ruthedge 1450 Deer path Dr. STREET ADDRESS 1255 RAVENS WAY STREET ADDRESS CR2E037 CITY-ST-ZIP OSTEEN FL 32764 CITY-ST-ZIP OSYRÁN 32764 me Delete TIRE Treasure M Change ☐ Addition NAME CURRY, KAREN goode Clark NAME STREET ADDRESS 1320 Decropath 1255 RAVENS WAY STREET ADDRESS CITY-ST-ZIP OSTEEN FL 32764 CITY-ST-ZIP 32764 <u> 100420</u> Delete TITLE ( Zohn M Change \_\_\_ Addition NAME **BOWEN, LYNNE** NAME STREET ADDRESS 1325 DEER PATH DR. STREET ADDRESS 1325 Decraphy CITY-ST-ZIP OSTEEN FL 32764 CITY-ST-ZIP TITLE **2** Delete TITLE Change : ☐ Addition NAME BURCHER, STEVE Rob Ferder bei NAME STREET ADDRESS 1321 DEER PATH DR. 600 River Days Dr. STREET ADDRESS CITY-ST-ZIP OSTEEN FL 32764 CITY-ST-ZIP *oshen* TITLE Delete TITLE [ Di(8040( Change ☐ Addition NAME GODDARD, DAVID NAME ( Henri Ki na STREET ADDRESS 214 PALM PLACE Deerbath Dr. STREET ADDRESS 1290

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 6 12. Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

SANFORD FL 32773

CITY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

☐ Addition

FILED Mar 06, 2003 8:00 am Secretary of State