

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90104 037 ****70.00

DOCUMENT # 763965

1. Entity Name

LAND OWNERS ASSOC. OF RIVER OAKS, INC.



Principal Place of Business

**C/O DOUGLAS BALLARD
12635 ARBOR LANE S.W.
MOORE HAVEN FL 33471-9698**

Mailing Address

**C/O DOUGLAS BALLARD
12635 ARBOR LANE S.W.
MOORE HAVEN FL 33471-9698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

**BALLARD, DOUGLAS
C/O DOUGLAS BALLARD
12635 ARBOR LANE S.W.
MOORE HAVEN FL 33471-9698**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PS** ☐ Delete
NAME **BALLARD, DOUGLAS**
STREET ADDRESS **12635 ARBOR LANE S.W.**
CITY-ST-ZIP **MOORE HAVEN FL 33471-9698**

TITLE **Secretary / Treasurer** ☐ Change ☐ Addition
NAME **Kay Sanborn**
STREET ADDRESS **12640 Arbor Lane SW**
CITY-ST-ZIP **MOORE HAVEN, FLA 33471**

TITLE **V** ☐ Delete
NAME **JOHNSON, DEAN**
STREET ADDRESS **12545 ARBOR LANE S.W.**
CITY-ST-ZIP **MOORE HAVEN FL 33471-9698**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **MILLER, CHARLES**
STREET ADDRESS **49 RIVERVIEW DR**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **SMITH, HOWARD**
STREET ADDRESS **37 RIVERVIEW DRIVE S.W.**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **STD Assist** ☐ Delete
NAME **CONYERS, DALE**
STREET ADDRESS **12545 AQUA LANE SW**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **SANBORN, CLYDE**
STREET ADDRESS **12640 ARBOR LANE SW**
CITY-ST-ZIP **MOORE HAVEN FL 33471-9698**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)