

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90066 028 \*\*\*150.00

**DOCUMENT # N00000005365**

1. Entity Name

**RIVER FOREST HOMEOWNERS ASSOCIATION OF STUART, I**

Principal Place of Business

Mailing Address

**2881 S.W. VERSAILLES TERR.  
STUART FL 34997****2881 S.W. VERSAILLES TERR.  
STUART FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1031816**

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

**LOCIGNO, MICHAEL J  
12400 SUMMER SPRINGS DR.  
BOYNTON BEACH FL 33436**

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)

**3/20/01**

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	PD	<input type="checkbox"/> Delete
NAME	LOCIGNO, MICHAEL J	
STREET ADDRESS	12400 SUMMER SPRINGS DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BARATTA, PATRICK	
STREET ADDRESS	380 N.W. 87TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, JAMES	
STREET ADDRESS	2881 S.W. VERSAILLES TERR.	
CITY-ST-ZIP	STUART FL 34997	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**PHILIP A. SOTEK REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/20/01 561-416-5736**

CR2E037 (10/00)