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

## Jan 28, 2003 8:00 am **Secretary of State** DOCUMENT # N0000005805 01-28-2003 90066 045 \*\*\*\*61.25 RIVENDELL HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 3026 S.W. 41ST LANE 3026 S.W. 41ST LANE OCALA FL 34474 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3250872 City & State City & State Applied For Not Applicable Zip Country Zip 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 WHITFIELD, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 4105 S.W. 30TH COUT OCALA FL 34474 City 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 reg /-27-2*00*3 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD (10/02) TITLE ☐ Delete TITLE ☐ Change ☐ Addition BICE, JEAN NAME NAME STREET ADDRESS 4123 SW 30TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 Delete Change Addition TITLE PRENDERGAST, VICKI NAME STREET ADDRESS 3057 41ST PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 Delete ☐ Change ☐ Addition WHITFIELD, WILLIAM H NAME NAME STREET ADDRESS 4105 SW 30TH COURT STREET ADDRESS CITY-ST-7/P City-St-ZiP OCALA FL 34474 vpd Delete Change TITLE Addition VITALE, TONY NAME NAME 3063 SW 41ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 Delete Change ☐ Addition ASHLOCK, GARY NAME 3068 SW 41ST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 TITLE Delete TITLE 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BARTON, BETTY

OCALA FL 34474

3020 SW 41ST LANE

BARTON, BETTY

FILED

352-861-483