2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90140 004 ****61.25

DOCUMENT # N00000006363

1. Entity Name

RIVER TOWN ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3995 HUNT CLUB RD. JACKSONVILLE FL 32224	3995 HUNT CLUB RD. JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
224 St. Johns Golf Drive	7900 Glades Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200
City & State St. Augustine, FL	City & State Boca Raton, FL
Zip 32092	Zip 33434
Country USA	Country USA

4. FEI Number — [X] 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
AMBACH, MARK 3995 HUNT CLUB RD. JACKSONVILLE FL 32224	Name: BARIC, JOHN Street Address (P.O. Box Number is Not Acceptable): 7900 GLADES ROAD SUITE 200 City: BOCA RATON **FL** Zip Code: 33434

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 _____ 4/26/01
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AMBACH, MARK 3995 HUNT CLUB RD. JACKSONVILLE FL 32224	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D AMBACH, MARK 224 ST. JOHNS GOLF DRIVE ST. AUGUSTINE, FL 32092	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROWN, MORGAN 3995 HUNT CLUB RD. JACKSONVILLE FL 32224	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D BROWN, MORGAN 224 ST. JOHNS GOLF DRIVE ST. AUGUSTINE, FL 32092	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS MAIER, DOUG 3995 HUNT CLUB RD. JACKSONVILLE FL 32224	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D MAIER, DOUG 224 ST. JOHNS GOLF DRIVE ST. AUGUSTINE, FL 32092	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E037 (10/00)

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 Morgan Brown 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #