

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007588

FILED
Mar 17, 2003
Secretary of State

Entity Name: RIVER GROVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

325 SOUTH BLVD.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

325 SOUTH BLVD.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3759537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, JUDITH L
325 SOUTH BLVD.
TAMPA, FL 33606

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMALL, BENNIE
Address: 3811 RIVER GROVE COURT
City-St-Zip: TAMPA, FL 33610

Title: VP () Delete
Name: SMITH, AARON
Address: 6601 ORANGE WOOD TERRACE
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: STOKES, ANTOINETTE
Address: 3806 RIVER GROVE COURT
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: MASON, WILLIE
Address: 3818 RIVER GROVE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: WILLIAMS, IONIE
Address: 3821 RIVER GROVE COURT
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: STOKES, MARCHANT
Address: 3806 RIVER GROVE COURT
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCGWEN, REBECCA
Address: 3407 RIVER GROVE
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCHANT STOKES

T

03/17/2003

Electronic Signature of Signing Officer or Director

Date