

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90154 011 ****61.25

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1. Entity Name

RIVERWALK AT WATERSIDE ISLAND TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**311 PARK PLACE BLVD SUITE 190
CLEARWATER FL 33759**

Mailing Address

**311 PARK PLACE BLVD SUITE 190
CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#190

Suite, Apt. #, etc.

#190

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

06-1655937

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

ZSCHAU, JULIUS J

JOHNSON BLVD PO BOX 2701 N. Rocky Point Dr. #930

911 CHESTNUT STREET CLEARWATER FL 33759

Tampa, FL 33607

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 **DP** ☒ Delete
NAME **BATES, BRADFORD**
STREET ADDRESS **311 PARK PLACE BLVD SUITE 525**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **DP** ☐ Change ☒ Addition
NAME **Glenn A. Claytor**
STREET ADDRESS **311 Park Place Blvd. #190**
CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **DV** ☐ Delete
NAME **BEGHTOL, PEGGY**
STREET ADDRESS **311 PARK PLACE BLVD SUITE 600**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **Suite 225** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☒ Delete
NAME **LASHLEY, JAMES**
STREET ADDRESS **311 PARK PLACE BLVD SUITE 600**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **DST** ☐ Change ☒ Addition
NAME **Betty Valenti**
STREET ADDRESS **4902 Eisenhower Blvd. #380**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Glenn A. Claytor 4/17/03 727-791-3642

CR2E037 (10/02)