

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90017 002 ****61.25

DOCUMENT # N02453

1. Entity Name

RIVERSIDE VILLAGE MOBILE HOMEOWNERS, INC.

Principal Place of Business

2505 NE INDIAN RIVER DRIVE
 LOT 216
 JENSEN BEACH FL 34957

Mailing Address

~~% JANE L CORNETT~~
~~401 E. OSCEOLA ST., SUITE 102~~
~~STUART FL 34994-2501~~

CHRIS NORTON

2. Principal Place of Business

3. Mailing Address

2505 Indian River DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#131

City & State

City & State

Jensen Beach FL

Zip

Country

Zip

Country

34957

Martin



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2491670

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

Name

CHRIS NORTON

Street Address (P.O. Box Number is Not Acceptable)

2505 Indian River DR. #131

CORNETT, GODGE, ROSS & EARLE, P.A.

City

Jensen Beach

FL

Zip Code

34957

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)

DATE

4-9-01

**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	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, BONNIE	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE LOT 46	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DEBBIE	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE LOT 317	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, WILLIAM "BILL"	
STREET ADDRESS	2505 N.E. INDIAN RIVER DR., LOT 417	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OCONNER, DANIEL	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, CHRIS	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE LOT 131	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, PHILLIP	
STREET ADDRESS	2505 NE INDIAN RIVER DR LOT323	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	CHRIS NORTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS NORTON	
STREET ADDRESS	2505 Indian River DR. 131	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Hamilton	
STREET ADDRESS	2505 Indian River DR # 212	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	SECRETRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Karpenski	
STREET ADDRESS	2505 Indian River DR 404	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Dutee	
STREET ADDRESS	2505 Indian River DR 318	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jesus Lara	
STREET ADDRESS	2505 Indian River DR 420	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Winters	
STREET ADDRESS	2505 Indian River DR 109	
CITY-ST-ZIP	Jensen Beach FL 34957	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)