

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am
Secretary of State

0056403

DOCUMENT # N02453

1. Entity Name

RIVERSIDE VILLAGE MOBILE HOMEOWNERS, INC.

04-02-2002 90865 041 *****70.00

Principal Place of Business

Mailing Address

2505 NE INDIAN RIVER DRIVE
LOT 213
JENSEN BEACH FL 34957

CHRIS NORTON
2505 INDIAN RIVER DR. #131
JENSEN BEACH FL 34957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2505 N.E. INDIAN RIVER DR.

Patricia Carroll

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT 213

2505 N.E. INDIAN RIVER DR

City & State

City & State

JENSEN BEACH, FL.

Jensen Beach FL

Zip

Country

Zip

Country

34957

U.S. A.

34957

MARTIN

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

NORTON, CHRIS
2505 INDIAN RIVER DR. #131
JENSEN BEACH FL 34957

Name Patricia Carroll

Street Address 2505 N.E. INDIAN RIVER DR.

LOT 516

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

Patricia Carroll Patricia Carroll

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	Delete
P	NORTON, CHRIS	2505 INDIAN RIVER DR. #131	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
VP	HAMILTON, WILLIAM	2505 INDIAN RIVER DR. #131	JENSEN BEACH FL 34957	<input type="checkbox"/>
ST	KARPEWSKI, TOM	2505 INDIAN RIVER DR. #414	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
D	DURKEE, DAN	2505 INDIAN RIVER DR. #414	JENSEN BCH FL 34957	<input checked="" type="checkbox"/>
D	LARA, JESUS	2505 INDIAN RIVER DR. #420	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
D	WINTERS, JIM	2505 INDIAN RIVER DR. #109	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Ray Johnson	2505 N.E. Indian River Dr. LOT 419	Jensen Beach Florida 34957	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Patricia Carroll	2505 N.E. Indian River Dr. LOT 516	Jensen Beach Florida 34957	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Jim Ringo	2505 N.E. Indian River Dr. LOT 323	Jensen Beach Florida 34957	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Ralph Michaels	2505 N.E. Indian River Dr. LOT 516	Jensen Beach Florida 34957	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Alberto de Jesus	2505 N.E. Indian River Dr. LOT 113	Jensen Beach Florida 34957	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Ron Staples	2505 N.E. Indian River Dr. LOT 412	Jensen Beach Florida 34957	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Patricia Carroll Patricia Carroll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(712) 374-2013

CR2E037 (9/01)