2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am Secretary of State DOCUMENT # N03592 1. Entity Name 03-05-2001 90291 022 ****61.25 RIVER ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 560913 P.O. BOX 560913 **ROCKLEDGE FL 32956-7913** ROCKLEDGE FL 32956-7913 816279 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2873775 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BURRIER, DAVID 180 RIVER ROAD CIRCLE **ROCKLEDGE FL 32955** City Zip Code Fi 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. n CR2E037 (10/00) TITLE ☐ Delete TITLE Addition WAYNE, ENGLAND NAME NAME STREET ADDRESS 185 RIVER ROAD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955** Change ☐ Delete ☐ Addition TITLE TITLE BURRIER, SUSAN K NAME STREET ADDRESS 180 RIVER RD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **ROCKLEDGE FL 32955** Change TITLE ☐ Delete TITLE Addition MOSHER, CAROL NAME STREET ADDRESS 165 RIVER RD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 VΡ ☐ Change ☐ Addition ☐ Delete TITLE TITLE WILSON, MARK NAME STREET ADDRESS 155 RIVER RD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURRIER, DAVID K NAME STREET ADDRESS 180 RIVER RD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Change Delete TITLE Addition TITLE NAME CLARK, JONATHAN NAME STREET ADDRESS 205 RIVER ROAD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955

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

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID K. BURRIER

changed, or on an attach

SIGNATURE: 4

FILED