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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90994 019 ****61.25

DOCUMENT # N03592

1. Entity Name
RIVER ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 560913 ROCKLEDGE FL 32956-7913	P.O. BOX 560913 ROCKLEDGE FL 32956-7913

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2873775 ☐ 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
BURRIER, DAVID 180 RIVER ROAD CIRCLE ROCKLEDGE FL 32955	Name Kristine Wilson Street Address (P.O. Box Number is Not Acceptable) 155 River Road Circle City Rockledge FL Zip Code 32955

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 Kristine Wilson 4/23/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAYNE, ENGLAND 185 RIVER ROAD CIR ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Richard merritt ~~P.O. Box~~ 115 River Road Circle Rockledge FL 32955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURRIER, SUSAN K 180 RIVER RD CIRCLE ROCKLEDGE FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Nick Wenzel 270 River Road Cir Rockledge, FL 32955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSHER, CAROL 165 RIVER RD CIRCLE ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Treas. Kristine Wilson 155 River Road Circle Rockledge, FL 32955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILSON, MARK 155 RIVER RD CIRCLE ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Glenn Camp 2296 Rockledge Dr. Rockledge, FL 32955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BURRIER, DAVID K 180 RIVER RD CIRCLE ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Frank Prince 125 River Road Circle Rockledge, FL 32955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JONATHAN 205 RIVER ROAD CIR ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Kristine Wilson 4/23/03