2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State
08-01-2000 90004 012 ****61.25

DOCUMENT # N09534

1. Entity Name

RIO VILLA NORTH HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
560 VERACRUZ BLVD INDIALANTIC FL 32903 US	RIO VILLE NORTH HOMEOWNERS ASSOCIATION POST OFFICE BOX 33214 INDIALANTIC FL 32903-0214 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2824294 ☐ 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
PAUL, GEORGE 595 BELTA VISTA CT INDIALANTIC FL 32903	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.

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
After September 13, 2000 min. will be $236.25

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	VPD SARANTOS, MAURELIS 554 VERA CRUZ BLVD INDIALANTIC FL 32903	☒ Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	WESTBROOK, PAUL VERA CRUZ BLVD INDIALANTIC FL 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAUL, GEORGE 595 BELLA VISTA CT INDIALANTIC FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COPLEY, JEROME V 529 MARCIA CT INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KATERI, GENNA R 566 VERA CURY BLVD INDIALANTIC FL	☒ Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	HILL, JOE INDIALANTIC FL 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAPPOLLA, PATRICK J 542 VERA CRUZ BLVD INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: JEROME V COPLEY JR. UIRED 7/27/00 779-4836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #