

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90042 017 ****61.25

DOCUMENT # N09534

1. Entity Name

RIO VILLA NORTH HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

542 VERA CRUZ BLVD
 INDIALANTIC FL 32903
 US

Mailing Address

RIO VILLE NORTH HOMEOWNERS ASSOCIATION
 POST OFFICE BOX 33214
 INDIALANTIC FL 32903-0214
 US

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

59-2824294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAUL, GEORGE
595 BELTA VISTA CT
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name **Westbrook, Paul**

Street Address (P.O./Box Numbers Not Acceptable)

554 Vera Cruz Blvd

Indialantic, FL

City

FL

Zip Code

32903

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]

PD

9 Jan 01

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	WESTBROOK, PAUL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Washburn, William	☐ Change ☒ Addition
NAME	TD	
STREET ADDRESS	521 Maria Ct.	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	529 Maria Ct	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☐ Change ☒ Addition
NAME	GARG, GOPAL	
STREET ADDRESS	509 Velas Ct	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)