

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90026 025 ****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		4. FEI Number 59-2824294	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPPOLLA, PATRICK J 542 VERA CRUZ BLVD INDIALANTIC FL 32903 <i>George Paul</i>			7. Name and Address of New Registered Agent Name <i>George Paul, President</i> Street Address (P.O. Box Number is Not Acceptable) <i>595 BELLA VISTA CT.</i> City <i>INDIALANTIC</i> FL Zip Code <i>32903</i>		
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 <i>George Paul</i> 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 Due By May 1, 2004		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	VPD GARG, GOPEL 509 VELAS CT INDIALANTIC FL 32903	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WELDON, JOAN 402 VANA CRUT BLVD. INDIALANTIC FL 32903	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, CONSTANCE L 571 BOLANOS CORTE INDIALANTIC FL 32903	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> ☒ Change ☐ Addition <i>WASHBURN, ED</i> <i>521 MARIA CT</i> <i>INDIALANTIC, FL 32903</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORGAN, KARIN 471 BELLD CAMINO WAY INDIALANTIC FL 32903	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	<i>PRESIDENT</i> ☒ Change ☐ Addition <i>PAUL, GEORGE</i> <i>595 BELLA VISTA CT</i> <i>INDIALANTIC, FL 32903</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>George Paul</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					