

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90974 009 ****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

7. Name and Address of New Registered Agent

**CAPPOLLA, PATRICK L
542 VERA CRUZ BLVD
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. I am familiar with, and accept the obligations of registered agent.

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

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
Same ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WASHBURN, WILLIAMS E
521 MARIA CT
INDIALANTIC FL 32903** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JOAN WELDON
452 VERA CRUZ BLVD
INDIALANTIC, FL 32903** ☐ 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
**TD
HILL, CONSTANCE L.
571 BOLANOS CORTE
INDIALANTIC, FL 32903** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HABER, FREDRICK
523 SANTOS CT
INDIALANTIC FL 32903** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MORGAN, KARIN
471 BELLA CAMINO WAY
INDIALANTIC, FL 32903** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CAPPOLLA, PATRICK L
542 VERA CRUZ BLVD
INDIALANTIC FL 32903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Same ☐ Change ☐ Addition

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 67, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)