

3/29

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-29-2001 90028 047 ****61.25

DOCUMENT # N10785

1. Entity Name

THE RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

8201 RIVER RIDGE BOULEVARD
NEW PORT RICHEY FL 34654

Mailing Address

8201 RIVER RIDGE BOULEVARD
NEW PORT RICHEY FL 34654

2. Principal Place of Business

10730 U. S. 19

Suite, Apt. #, etc.

Suite 17

City & State

Port Richey, FL

3. Mailing Address

10730 U. S. 19

Suite, Apt. #, etc.

Suite 17

City & State

Port Richey, FL

4. FEI Number

59-3491479

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TANKEL, ROBERT L ESQ
1298 MAIN STREET
SUITE F
DUNEDIN FL 34689

7. Name and Address of New Registered Agent

Name

Qualified Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

10730 U. S. 19

Suite 17

City

Port Richey

FL

Zip Code
34668

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

R. Tankel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/01
DATEFILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYCE, M.D.	
STREET ADDRESS	8201 RIVER RIDGE BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE	VPS D	<input type="checkbox"/> Delete
NAME	REYNOLDS, B.J.	
STREET ADDRESS	8201 RIVER RIDGE BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMSON, DONA	
STREET ADDRESS	8201 RIVER RIDGE BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)