

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90048 018 ****61.25

DOCUMENT # N10785

1. Entity Name

THE RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10730 US 19
 STE 17
 PORT RICHEY FL 34668**

**10730 US 19
 STE 17
 PORT RICHEY FL 34668**

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

59-3491479

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

**QUALIFIED PROPERTY MANAGEMENT, INC
 10730 U S 19
 SUITE 17
 PORT RICHEY FL 34668**

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

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

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 OF M.D. Boyce PRESIDENT 3-11-02 727 846-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)