

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90097 046 ****61.25

DOCUMENT # N13151

1. Entity Name

THE RIVER NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

266 RIVER PARK DRIVE
 JUPITER FL 33477
 US

266 RIVER PARK DRIVE
 JUPITER FL 33477-9384
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2629943

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF
500 AUSTRALIAN AVE S
9TH FLOOR
W PALM BCH FL 33401

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: **VPTD** Delete
 NAME: **CLERICO, VIRGIL**
 STREET ADDRESS: **3242 32 CT**
 CITY-ST-ZIP: **JUPITER FL**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VPD** Delete
 NAME: **GRAMIAN, AMIR**
 STREET ADDRESS: **2806 28TH COURT**
 CITY-ST-ZIP: **JUPITER FL**

TITLE: **D** Change Addition
 NAME: **Gramian**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VPD** Delete
 NAME: **SWANSON, LUCILLE**
 STREET ADDRESS: **2923 29 CT**
 CITY-ST-ZIP: **JUPITER FL**

TITLE: **VPD** Change Addition
 NAME: **Helkowski, Richard**
 STREET ADDRESS: **2603 26th Court**
 CITY-ST-ZIP: **Jupiter, FL 33477**

TITLE: **PD** Delete
 NAME: **TIANO, JOSEPH**
 STREET ADDRESS: **2718 27TH COURT**
 CITY-ST-ZIP: **JUPITER FL**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **PLATT, EDWARD**
 STREET ADDRESS: **2414 24TH COURT**
 CITY-ST-ZIP: **JUPITER FL**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Tiano
SIGNATURE REQUIRED

JOSEPH A. TIANO, PRESIDENT
 3-17-00 561-743-0762

Date

Daytime Phone #

CR2E037 (9/99)