FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am **DOCUMENT # N13151** Secretary of State 1. Entity Name 03-29-2002 91217 043 ****61 25 THE RIVER NORTH HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 266 RIVER PARK DRIVE 266 RIVER PARK DRIVE JUPITER FL 33477 JUPITER FL 33477 ÜŜ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2629943 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TIANO, JOSEPH 2718 27TH CT. JUPITER FL 33477 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **VPD** (10/6) Delete ☐ Addition TITI E TITLE PHILLIPS , JESSE PHILLOS, JESSE NAME NAME CR2E037 STREET ADDRESS 3042 50TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL SD TITLE ☐ Delete TITLE 7 PETERSON, RAY NAME NAME STREET ADDRESS 3243 32ND CT STREET ADDRESS CITY-ST-ZIP_ JUPITER FL 33477 CITY-ST-ZIP TITLE TITLE HELKOWSKI, RICHARD WRIGHT, NANCY NAME NAME STREET ADDRESS 2603 26TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 33477 06125X TITLE ☐ Delete TITLE ☐ Change ☐ Addition TIANO, JOSEPH NAME NAME STREET ADDRESS 2718 27TH COURT -4 STREET ADDRESS CITY-ST-ZIP JUPITER FL ☐ Delete □ Change ☐ Addition TITLE TITLE WENZEL, LYNN NAME STREET ADDRESS 15259 83RD WAY N. STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of)er like empowered.

SIGNATURE:

3.15.02

<u>561-744-3634</u>