

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90126 008 \*\*\*\*61.25

**DOCUMENT # N18057**

1. Entity Name

**RIVER GROVES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1451 JENNINGS LA A.  
 32955EDGE FL 32955  
 US

1451 JENNING LA S  
 ROCKLEDGE FL 32955  
 US

2. Principal Place of Business

*1451 Jennings Lane S.*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Rockledge FL*

City & State

Zip

*32955*

Country

*Brevard*

Country

4. FEI Number

**59-2751150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WILKIE, JUDITH E.**  
**1451 JENNINGS LA S**  
**ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

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

TITLE **DP** ☒ Delete  
 NAME **HAYHURST, PAUL**  
 STREET ADDRESS **1450 S. JENNINGS LA. S.**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DV** ☐ Delete  
 NAME **MCNUTT, CARL**  
 STREET ADDRESS **1447 S. JENNINGS LN.**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **S** ☒ Delete  
 NAME **HAYHURST, JULIE**  
 STREET ADDRESS **1450 S. JENNINGS LA**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **T** ☐ Delete  
 NAME **WILKIE, JUDITH**  
 STREET ADDRESS **1451 S. JENNINGS LN.**  
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** ☐ Delete  
 NAME **RICHARDS, JAMES L.**  
 STREET ADDRESS **1433 N. JENNINGS LN.**  
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** ☐ Delete  
 NAME **MELANSON, GILBERT**  
 STREET ADDRESS **1440 N. JENNINGS LN.**  
 CITY-ST-ZIP **ROCKLEDGE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
 NAME **Cheryl Vosika**  
 STREET ADDRESS **1437 N. Jennings Lane**  
 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **DV** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition  
 NAME **Katherine Quatrone**  
 STREET ADDRESS **1441 N. Jennings Lane**  
 CITY-ST-ZIP **Rockledge, FL 32955**

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

TITLE ☐ Change ☐ Addition  
 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:

*Judith Wilkie*

*4/9/02*

*321 636 6751*

CR2E037 (9/01)