2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90011 011 ****61.25

DOCUMENT # N20635

1. Entity Name

VILLAS AT RIVER OAKS HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business	Mailing Address
NEW SMYRNA BEACH REALTY NEW SMYRNA BEACH FL 32169 US	NEW CMYRNA BEACH REALTY 109 N CAUSEWAY NEW SMYRNA BEACH FL 32169-5303 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Surfcoast Realty Inc	4168 S. Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	New Smyrna Bch FL.
City & State: New Smyrna Beach Fl.	City & State
Zip: 32169 Country: Volusia	Zip: 32169 Country: Volusia

4. FEI Number: NOT APPLICABLE ☐ 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
G.M. SPTRENTALL % NSB REALTY 109 N CAUSEWAY NEW SMYRNA BEACH FL 32169	Name: G.M. Sprentall % Surfcoast Realty Street Address (P.O. Box Number is Not Acceptable): 4168 S Atlantic Ave City: New Smyrna Bch. FL Zip Code: 32169

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: G M Sprentall — 3/2/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PLOURDE, BARBARA 701 LAUREL BAY CR. NEW SMYRNA BCH FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dalton, Raymond 711 Sandpiper New Smyrna Bch FL. 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, MILTON 817 US A1A NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPRIORE, MICHAEL 737 LAURAL BAY CR NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lopriore, Michael 667 Middlebury Loop. New Smyrna Bch, Fl. 32168-2119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Michael E Lopriore — 04/03/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #