

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90068 046 ****61.25

DOCUMENT # N20635

1. Entity Name

VILLAS AT RIVER OAKS HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**SURFCOAST REALTY INC.
 4168 S. ATLANTIC AVE
 NEW SMYRNA BEACH FL 32169
 US**

**SURFCOAST REALTY INC.
 4168 S. ATLANTIC AVE
 NEW SMYRNA BEACH FL 32169
 US**

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 **59-3002256**

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

**SURFCOAST REALTY
 4168 S. ATLANTIC AVE
 NEW SMYRNA BEACH FL 32169**

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 **TD** ☐ Delete
 NAME **JOHNSON, MILTON**
 STREET ADDRESS **817 US A1A**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

TITLE **SD** ☐ Delete
 NAME **DALTON, RAYMOND**
 STREET ADDRESS **711 SANDPIPER**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

TITLE **PD** ☐ Delete
 NAME **RANKIN, MICHELE**
 STREET ADDRESS **701 LAUREL BAY CR.**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Raymond Dalton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

Daytime Phone #

CR2E037 (9/01)