

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90609 030 ****61.25

DOCUMENT # N20635

1. Entity Name

VILLAS AT RIVER OAKS HOMEOWNERS' ASSOCIATION, IN C.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Laurel Bay Circle Sandpiper St.

3. Mailing Address

507-C Herbert St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

Port Orange, FL

Zip

Country

32169

USA

Zip

Country

32129

USA

4. FEI Number **59-3002256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

R.L. Reimer

Street Address (P.O. Box Number is Not Acceptable)

507-C Herbert St.

City

Port Orange

FL

Zip Code

32129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R.L. REIMER AS AGENT

3/25/03

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
Florida 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 **PD** ☐ Change ☒ Addition
NAME **Barringer, Mary**
STREET ADDRESS **731 Laurel Bay Circle**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

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 **TD** ☐ Change ☒ Addition
NAME **Collins, Donald**
STREET ADDRESS **722 Laurel Bay Circle**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

Mary Barringer

4/3/03 384271620

CR2E037 (10/02)