

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90029 014 ****70.00

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DOCUMENT # N20967

1. Corporation Name

RIVERSIDE VILLAS OF DUNNELLON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

12481 N. WATER WAY
DUNNELLON FL 34433
US

Mailing Address

12481 N. WATER WAY
DUNNELLON FL 34433
US



100406-90029-14 6 *



2. Principal Place of Business

21 **12497 N. Water Way #2**

Suite, Apt. #, etc.

22 **Dunnellon FL**

City & State

23 **34433 Citrus**

Zip

Country

24

2a. Mailing Address

26 **12497 N. Water Way #2**

Suite, Apt. #, etc.

27 **Dunnellon FL**

City & State

28 **34433 Citrus**

Zip

Country

29

3. Date Incorporated or Qualified

06/03/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FERNANDEZ, LINDA
20540 EAST PENNSYLVANIA AVENUE
DUNNELLON FL 34432

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Linda Fernandez
Signature, typed or printed name of registered agent and title, if applicable.

Linda Fernandez STD
(NOTE: Registered Agent signature required when reinstating)

1-5-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MILLER, DON**
STREET ADDRESS **12483 N WATER WAY**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **STD** ☐ DELETE
NAME **FERNANDEZ, LINDA**
STREET ADDRESS **20540 EAST PENNSYLVANIA AVE.**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **VPD** ☐ DELETE
NAME **BRYANT, THOMAS**
STREET ADDRESS **12491 N. WATERWAY**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Fernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 **352-489-1958**
Date Daytime Phone #

CR2E037 (11/98)