

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20967

1. Entity Name

RIVERSIDE VILLAS OF DUNNELLON HOMEOWNERS ASSOCIA

Principal Place of Business

12497 N WATER WAY #2
DUNNELLON FL 34433
US

Mailing Address

12497 N WATER WAY #2
DUNNELLON FL 34433
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

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

FERNANDEZ, LINDA
20540 EAST PENNSYLVANIE AVENUE
DUNNELLON FL 34432

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	PD	<input type="checkbox"/> Delete
NAME	FEDERICK, JAMES	
STREET ADDRESS	2360 NW 225TH AVE	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LINDA	
STREET ADDRESS	20540 EAST PENNSYLVANIA AVE.	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WHITR, JOAN	
STREET ADDRESS	12483 N WATER WAY	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederick, James	
STREET ADDRESS	Correct Spelling	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Joan	
STREET ADDRESS	correct Spelling	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Linda Fernandez
Linda Fernandez

1-9-01

352-489-1958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0079355

CR2E037 (10/00)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90092 011 ****61.25

00006430



DO NOT WRITE IN THIS SPACE