

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20967

1. Entity Name

RIVERSIDE VILLAS OF DUNNELLON HOMEOWNERS ASSOCIATION, INC.

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 PENNSYLVANIA 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD JAMES, FREDERICK** ☐ Delete
STREET ADDRESS **2360 NW 225TH AVE**
CITY-ST-ZIP **DUNNELLON FL 34431**

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

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

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

TITLE
NAME **VPD WHITE, JOAN** ☐ Delete
STREET ADDRESS **12483 N WATER WAY**
CITY-ST-ZIP **DUNNELLON FL 34433**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Fernandez 1/7/02 352-489-1958

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90029 036 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)