

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22674

1. Entity Name

RIO RANCHES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O THOMAS F. MARTIN
5120 S.W. 114 WAY
FT. LAUDERDALE FL 33330

Mailing Address

C/O THOMAS F. MARTIN
5120 S.W. 114 WAY
FT. LAUDERDALE FL 33330

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

65-0213205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, THOMAS F
5120 S.W. 114 WAY
FT. LAUDERDALE FL 33330

7. Name and Address of New Registered Agent

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
NAME SKLAR, HILLARY N
STREET ADDRESS 11321 S.W. 49 PLACE
CITY-ST-ZIP FT. LAUDERDALE FL 33330 ☐ Delete

TITLE SD
NAME SURECK, DOLORES
STREET ADDRESS 11211 SW 49 PLACE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE TD
NAME MARTIN, THOMAS F
STREET ADDRESS 5120 S.W. 114 WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED F. MARTIN 3/14/01 954-682-6686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90042 025 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)