

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N25102**1. Entity Name  
**HOMEOWNERS OF RIVER WOODS, INC.**

Principal Place of Business	Mailing Address
% RICHARD N. GLOVER 1755 OLDE RIVER TRAIL CHULUOTA FL 32766	% RICHARD N. GLOVER 1755 OLDE RIVER TRAIL CHULUOTA FL 32766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**59-2859592**Applied For  
Not Applicable5. 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

GLOVER, RICHARD N. 1775 OLDE RIVER TRAIL  CHULUOTA FL 32766	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 \_\_\_\_\_ **01/21/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLOVER, RICHARD N.		NAME		
STREET ADDRESS	1775 OLDE RIVER TRAIL		STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMOUREUX EVA		NAME		
STREET ADDRESS	690 RIVERWOODS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS STANLEY		NAME	STEVENS STANLEY	
STREET ADDRESS	377 RIVERWOOD TRAIL		STREET ADDRESS	377 RIVERWOOD TRAIL	
CITY-ST-ZIP	CHULUOTA FL		CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	D <input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, MARCUS		NAME	WEAVER, MARCUS	
STREET ADDRESS	2150 OLDE RIVER TRAIL		STREET ADDRESS	2150 OLDE RIVER TRAIL	
CITY-ST-ZIP	CHULUOTA FL		CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	VD <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGHERTY RUSS		NAME	DOUGHERTY RUSS	
STREET ADDRESS	1708 OLD RIVER TRAIL		STREET ADDRESS	1708 OLD RIVER TRAIL	
CITY-ST-ZIP	CHULUOTA FL		CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	READLING MICHAEL H		NAME		
STREET ADDRESS	315 RIVERWOODS TR		STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL 32766		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)(f), 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: Richard N. Glover PD **01/21/2001**

CR2E037 (11/00)

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**UTENDORF, JOHN   DIRECTOR**  
**148 RIVERWOODS TR**  
  
**CHULUOTA, FL 32766**