2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State
03-16-2000 90066 035 ****61.25
07-17-2000 90079 026 ****61.25

DOCUMENT # N25511

1. Entity Name

RIVER RIDGE COMMUNITY ASSOCIATION, INC. ✓

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789	2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 605 Clemson Drive	Suite, Apt. #, etc.: 605 Clemson Drive
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: US	Zip: 32714 Country: US

4. FEI Number: 59-3119519 ☐ 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
JOZDAN, BRETT M 2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789	Name: Bonnie Giroux-River Ridge Community Association Street Address (P.O. Box Number is Not Acceptable): 605 Clemson Drive City: Altamonte Springs FL Zip Code: 32714

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] Bonnie 7.7.00
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
After September 13, 2000 min. will be $236.25

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 / STREET ADDRESS / CITY-ST-ZIP	VD MCNEIL, CARMEN 642 NOTRE DAME DR ALTAMONTE SPRINGS FL 32714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Joseph Popovich 615 Clemson Drive Altamonte Springs, FL 32714	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GIROUX, BONNIE 639 CLEMSON DR ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALGREN, GUY 655 CLEMSON DR ALTAMONTE SPRINGS FL 32714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Christpher Yost STD 687 Clemson Drive Altamonte Springs, FL 32714	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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 7.7.00 407.788.4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #