

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90318 035 *****61.25

DOCUMENT # N25511

1. Entity Name

RIVER RIDGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**605 CLEMSON DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**605 CLEMSON DRIVE
ALTAMONTE SPRINGS FL 32714**

UUUJUBBB

2. Principal Place of Business
2180 WEST SR 434

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

Zip
32779-5044

Country
US

3. Mailing Address
2180 WEST SR 434

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

Zip
32779-5044

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

**GIROUX, BONNIE M
605 CLEMSON DRIVE
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name
JAMES W. HART, JR.
Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
City
LONGWOOD FL **FL** Zip Code
32779-5044

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
POPOVICH, JOSEPH
615 CLEMSON DRIVE
ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GIROUX, BONNIE
639 CLEMSON DR
ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
VEST, CHRISTOPHER
687 CLEMSON DRIVE
ALTAMONTE SPRINGS FL 32714** ☐ 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
STD ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-01 407-327-3030

CR2E037 (10/00)