

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N26282**

1. Entity Name

RIVER CHASE HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90039 019 ****61.25

0024304

Principal Place of Business

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779

Mailing Address

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2999394

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779

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 \$61.259. 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 NORMAN, DOUG
STREET ADDRESS 137 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807 ☐ DeleteTITLE V
NAME MOBLEY, JOHN
STREET ADDRESS 132 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807 ☐ DeleteTITLE TD
NAME SAGORCHI, BASIL
STREET ADDRESS 385 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807 ☐ DeleteTITLE SD
NAME HOWELL, WILLIAM
STREET ADDRESS 129 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807 ☒ DeleteTITLE D
NAME MORGAN, MARCUS
STREET ADDRESS 122 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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: DOUGLAS NORMAN (PRES) 4-18-01 407-380-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)