

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90088 028 \*\*\*\*61.25

DOCUMENT # **N31547**

1. Entity Name  
**RIVEREST HOMEOWNERS CORP.**



Principal Place of Business <b>LOUISE CHESSER 131 PARK DRIVE TAVARES FL 32778 US</b>	Mailing Address <b>LOUISE CHESSER 131 PARK DRIVE TAVARES FL 32778 US</b>
---	---

2. Principal Place of Business <b>VIRGINIA MORGAN Suite, Apt. #, etc. 92 GRIFFIN AVE. City &amp; State TAVARES FLA. Zip 32778 Country LAKE</b>	3. Mailing Address <b>VIRGINIA MORGAN Suite, Apt. #, etc. 92 GRIFFIN AVE City &amp; State TAVARES FLA. Zip 32778 Country LAKE</b>
---	--



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-2941270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHESSER, LOUISE  
131 PARK DR  
TAVARES FL 32778**

7. Name and Address of New Registered Agent  
Name **VIRGINIA MORGAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**92 GRIFFIN AVE.**  
City **TAVARES** FL Zip Code **32778**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **VIRGINIA W. MORGAN** *Virginia W. Morgan* **3-24-03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WINKLE, LAVERNE 127 PARK DR TAVARES FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DUNLAP, PAUL 22 LAKE AVE TAVARES FL 32778</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OECHER, BOB 15 LAKE AVE TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT HASKIN, JERRY 51 DORA DR TAVARES FL 32778</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHESSER, LOUISE 131 PARK DR TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBERT DECKER 15 LAKE AVE. TAVARES FLA 32778 DP.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAUL DUNLAP 22 LAKE AVE. DVP TAVARES FLA 32778</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JERRY HASKIN 51 DORA DRIVE DT. TAVARES, FLA 32778</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDIE SCHNEIDER D. 62 DORA DRIVE TAVARES, FLA. 32778</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIRGINIA MORGAN 92 GRIFFIN AVE. D. TAVARES FLA. 32778</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROBERT E. DECKER** *ROBERT E. DECKER* **3/24/03 DP**

352-253-0594

CR2E037 (10/02)