

**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

LOUISE CHESSER
131 PARK DRIVE
TAVARES FL 32778
US

Mailing Address

LOUISE CHESSER
131 PARK DRIVE
TAVARES FL 32778
US

2. Principal Place of Business

VIRGINIA MORGAN
Suite, Apt. #, etc.
92 GRIFFIN AVE.
City & State
TAVARES FLA.

3. Mailing Address

VIRGINIA MORGAN
Suite, Apt. #, etc.
92 GRIFFIN AVE
City & State
TAVARES FLA.

Zip
32778

Country
LAKE

Zip
32778

Country
LAKE

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	DP WINKLE, LAVERNE 127 PARK DR TAVARES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUNLAP, PAUL 22 LAKE AVE TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OECHER, BOB 15 LAKE AVE TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HASKIN, JERRY 51 DORA DR TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESSER, LOUISE 131 PARK DR TAVARES FL 32778	<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	ROBERT DECKER 15 LAKE AVE. TAVARES FLA 32778 DP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL DUNLAP 22 LAKE AVE. DVP. TAVARES FLA 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JERRY HASKIN 51 DORA DRIVE DT. TAVARES, FLA 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDIE SCHNEIDER D. 62 DORA DRIVE TAVARES, FLA. 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRGINIA MORGAN 92 GRIFFIN AVE. D. TAVARES FLA. 32778	<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)