

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90004 017 ***158.75

DOCUMENT # *N34846*
1. Entity Name
RIVER RAPIDS HOME OWNERS ASSOC., INC.



DO NOT WRITE IN THIS SPACE

44046134

2. Principal Place of Business
909 RIVER RAPIDS AVE
Suite, Apt. #, etc.

3. Mailing Address
909 RIVER RAPIDS AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRANDON, FL

City & State
BRANDON, FL

Zip
33511 Country
USA

Zip
33511 Country
USA

4. FEI Number
59-2977595

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAVID B. WILDGEN

Street Address (P.O. Box Number is Not Acceptable)
909 RIVER RAPIDS AVE

City
BRANDON FL Zip Code
33511

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT JOSEPH BOLICK 905 RIVER RAPIDS AVE BRANDON, FL 33511</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY DAVID B. WILDGEN 909 RIVER RAPIDS AVE BRANDON, FL 33511</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER STUART BEALL 916 RIVER RAPIDS AVE BRANDON, FL 33511</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/04 (941) 552-3769
Date Daytime Phone #

CR2E034B (12/02)

Attachment 128104
44046134

Greetings:

I/WE DID NOT RECEIVE OUR
URB FORM THIS YEAR. I
HAD ^(5/17/04) TO CALL AND REQUEST
FORM BECAUSE I/WE DIDN'T WANT TO
WAIT ANY LONGER CONCERNED
ABOUT BEING DELINQUENT.

THANK YOU,

David Wildgen

DAVID B. WILDGEN
909 RIVER RAPIDS AVE
BRADDM, FL
33511

NOTE:

MAYBE YOU SENT IT SOMEWHERE
ELSE? IN FUTURE PLEASE SEND IT
TO MY ADDRESS ABOVE (REGISTERED AGENT).