

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90169 048 ****61.25

C0058053

DOCUMENT # N41503

1. Entity Name
 ASSOCIATION OF ROLLING RIVER OWNERS, INC.

Principal Place of Business
 550 Mamaroneck Ave.
 Harrison, NY 10528

Mailing Address
 550 Mamaroneck Ave.
 Harrison, NY 10528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W. Scott Callahan, Esquire
 Stump, Storey & Callahan, P.A.
 37 North Orange Avenue, Suite 200
 Orlando, FL 32801

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	Rosen, Michael E.	
STREET ADDRESS	550 Mamaroneck Ave.	
CITY-ST-ZIP	Harrison, NY 10528	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Clark, Dave	
STREET ADDRESS	2250 Avendida Del Vera	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	Schoen, James	
STREET ADDRESS	550 Mamaroneck Ave.	
CITY-ST-ZIP	Harrison, NY 10528	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Michael E. Rosen, President

Date

Daytime Phone #

(914) 777-3100

CR2E037 (9/99)