2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N49482

Entity Name: ALAFIA RIVER CLUB HOME OWNERS ASSOCIATION, INC.

FILED Feb 04, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8749 BARCIN CIRCLE RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 8749 BARCIN CIRCLE RIVERVIEW, FL 33569 FEI Number: 59-2981346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POSPESCHIL SR., THOMAS J 8749 BARCIN CIRCLE RIVERVIEW, FL 33569 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete POSPESCHIL, THOMAS J SR Name: Name: 8749 BARCIN CIRCLE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MOORE, C. NORMA Name: Address: 8866 BARCIN CIR. Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: (X) Change () Addition POSPESCHIL, MICHAEL C SD POSPESCHIL, MICHAEL C Name: Name: 8749 BARCIN CIRCLE 8749 BARCIN CIRCLE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: TD (X) Delete Title: () Change () Addition Name: CARR, MARGARET Name: Address: 8841 BARCIN CIR. Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: VPD () Delete Title: () Change (X) Addition DEVRIES, RICHARD R VPD Name: Name: 8831 BARCIN CIRCLE Address: Address: City-St-Zip: City-St-Zip: RIVERVIEW, FL 33569 US Title: () Delete Title: () Change (X) Addition DEVRIES, JAMEE M TD Name: Name: Address: Address: 8831 BARCIN CIRCLE RIVERVIEW, FL 33569 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. POSPESCHIL PD 02/04/2002