

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N49482

FILED
Mar 26, 2003
Secretary of State

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

Current Principal Place of Business:

8749 BARCIN CIRCLE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

8749 BARCIN CIRCLE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 59-2981346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSPESCHIL SR., THOMAS J
8749 BARCIN CIRCLE
RIVERVIEW, FL 33569

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: POSPESCHIL, THOMAS J SR
Address: 8749 BARCIN CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: POSPESCHIL, MICHAEL C SD
Address: 8749 BARCIN CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: VPD () Delete
Name: DEVRIES, RICHARD R VPD
Address: 8831 BARCIN CIRCLE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: TD () Delete
Name: DEVRIES, JAMEE M TD
Address: 8831 BARCIN CIRCLE
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 SR

PD

03/26/2003

Electronic Signature of Signing Officer or Director

Date