

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90493 033 \*\*\*\*61.25

**DOCUMENT # N94000004672**



1. Entity Name  
**RIVER DUNES HOMEOWNERS' ASSOCIATION OF BREVARD, INC.**

Principal Place of Business  
**P. O. BOX 443  
SHARPES FL 32959**

Mailing Address  
**P. O. BOX 443  
SHARPES FL 32959**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3268726**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, KENNETH L  
185 DUNE LANE  
COCOA FL 32927**

Name **AARON C. LAMPP**

Street Address (P.O. Box Number is Not Acceptable)

**155 Dune Lane**

City

**Cocoa**

**FL**

Zip Code

**32927**

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

*Aaron Lampp*

**LAMPP AARON C**

**15 APR 03**

Signature, typed or printed name of registered agent and title (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **SPENCER, ANDREW G**  
STREET ADDRESS **170 DUNE LANE**  
CITY-ST-ZIP **COCOA FL 32927**

TITLE **PD**  Change  Addition  
NAME **AARON C. Lampp**  
STREET ADDRESS **155 Dune Lane**  
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **VPD**  Delete  
NAME **SPENCER, DONNA**  
STREET ADDRESS **170 DUNE LANE**  
CITY-ST-ZIP **COCOA FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD**  Delete  
NAME **DANIEL, JIM P**  
STREET ADDRESS **120 DUNE LANE**  
CITY-ST-ZIP **COCOA FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

*Aaron Lampp*

**15 Apr 03 321-639-1823**

CR2E037 (10/02)