## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am § DOCUMENT # **N94000005232 Secretary of State** 02-26-2002 90138 031 \*\*\*\*61.25 CASA RIO HOMEOWNERS' SUB-ASSOCIATION, INC. Principal Place of Business Mailing Address 1973 PGA BLVD.. SUITE B C/O THE GENERAL LEDGER BUD32320 NORTH PALM BEACH FL 33408 1973 PGA BLVD., SUITE B NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ゟ**ぢ**,54-0531700 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCSWAIN, BROCK 3084 CASA RIOLOY CT WEST PALM BEACH FL 33418 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP Delete DPS **Addition** TITLE TITLE ☐ Change Robert Van Atta 3029 casa Rio Ct. FAVA, ANGELO NAME NAME STREET ADDRESS STREET ADDRESS 3073 CASA RIO CT Palm Beach Galdens, FL 33418 CITY-ST-ZIP WEST PALM BEACH FL 33418 CITY-ST-ZIP DVP **X** Addition TITLE X Delete TITLE Frederick Woyton 3045 Casa Rio Ct. NAME FAVA. ANGELO NAME STREET ADDRESS 3073 CASA RIO CT STREET ADDRESS m Beach Galdens, FL 33418 CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE Delete TITLE NAME MCSWAIN, BROCK NAME STREET ADDRESS 3084 CASH RIO CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 DVP TITLE TITLE ☐ Change Addition Delete NAME GREEN, VICKI NAME STREET ADDRESS 3077 CASA RIO CT STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33418 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 aggress, with all other like empowered.

SIGNATURE:

2/9/02 561-837-5054 ext 36

**FILED**