

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90157 033 ****61.25

DOCUMENT # N95000003207

1. Entity Name

DEER RIDGE AT RIVER RIDGE PHASE I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**10730
STE 17
NEW PORT RICHEY FL 34668
US**

Mailing Address

**10730
STE 17
NEW PORT RICHEY FL 34668
US**

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 **59-3386703**

Applied For

Not Applicable

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

**PEATE, RUSS
10730 US 19
STE 17
PORT RICHEY FL 34668**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **REED, MICHAEL -**
STREET ADDRESS **10534 MAGRATH LANE -**
CITY-ST-ZIP **NEW PORT RICHEY FL 34664**

TITLE **PD** ☐ Change ☒ Addition
NAME **Navatta, Vito**
STREET ADDRESS **10642 Magrath Lane**
CITY-ST-ZIP **New Port Richey, FL**

TITLE **VD** ☒ Delete
NAME **STORNO, SABRINA -**
STREET ADDRESS **7716 ROYCROFT DR -**
CITY-ST-ZIP **NEW PORT RICHEY FL -**

TITLE **VD** ☐ Change ☒ Addition
NAME **Hajcak, James**
STREET ADDRESS **10653 Magrath Lane**
CITY-ST-ZIP **New Port Richey, FL**

TITLE **SD** ☒ Delete
NAME **LOPACIK, FRED -**
STREET ADDRESS **10548 MAGRATH LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL -**

TITLE **SD** ☐ Change ☒ Addition
NAME **Kaheny, John**
STREET ADDRESS **7711 Roycroft Dr.**
CITY-ST-ZIP **New Port Richey, FL**

TITLE **TD** ☒ Delete
NAME **RICHARDSON, JAMES -**
STREET ADDRESS **10641 MAGRATH LANE -**
CITY-ST-ZIP **NEW PORT RICHEY FL -**

TITLE **TD** ☐ Change ☒ Addition
NAME **Hall, Michael**
STREET ADDRESS **10713 Magrath Lane**
CITY-ST-ZIP **New Port Richey, FL**

TITLE **DAST** ☒ Delete
NAME **FAWLEY, CURTIS -**
STREET ADDRESS **7723 HOWLEY LANE -**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Caples, Phil**
STREET ADDRESS **10647 Magrath Lane**
CITY-ST-ZIP **New Port Richey, FL**

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:

REQUIRED

3/14/03

727-849-4455

CR2E037 (10/02)