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

DOCUMENT # N9600001389

1. Entity Name

RIVER OAKS OF DESOTO HOMEOWNERS ASSOCIATION. INC

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Principal Pi	ace of Business	Mailing Address						
12865 S.W. HIGHWAY 17 1 ARCADIA FL 34269 A		12865 S.W. HIGHWAY 17 ARCADIA FL 34269 US		11761(14) 8/4	90018		18(18 28)) (88)	
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKIN	IG CHANGE	S	
City & State		City & State		4. FEI Number 6	4. FEI Number 65-0662659 Applied For			
Zip	Country	Zip	Country	5. Certificate of S	itatus Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent	·	7. Name and Add	iress of New Registered	Fee Requir	rea	
			Name	7. Name and Ad	areas or New Registered	Agent		
	R, GAIL S.W. HWY 17 A FL 34266 34269		Street Address		(P.O. Box Number is Not Acceptable)			
			City		FI	Zip Co	de	
8. The abov	re named entity submits this statement for	the purpose of changing it.				<u>- L</u>		
SIGNAȚURE	Signature, typed or printed name of registered agent a		Registered Agent signature re	-	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 DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	BECTORS II	110	
TITLE	DP	☐ Delete	TITLE		EG / G GI / IGENO/IVD D	☐ Change	Addition	
NAME OTOEST LIBORIDA	VARNER, R.J.		NAME			□ onenge	Addition	
STREET ADDRESS CITY-ST-ZIP	12865 S.W. HWY 17, LOT 260 ARCADIA FL 34269		STREET ADDRESS CITY-ST-ZIP					
TITLE	DVP	☐ Delete	TITLE	<u> </u>				
NAME	VARNER, ROBERT J JR	build	NAME			☐ Change	☐ Addition	
STREET ADDRESS	12865 S.W. HWY 17, LOT 260	i	STREET ADDRESS					
CITY-ST-ZIP	ARCADIA FL 34269	<u>\</u>	CITY-ST-ZIP	e-1		. ت		
TITLE	DS	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET APPRECA	VARNER, GAIL		NAME					
STREET ADDRESS CITY-ST-ZIP	12865 S.W. HWY 17, LOT 260		STREET ADDRESS					
	ARCADIA FL 34269		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS					
TITLE			CITY-ST-ZIP	-		_ <u>.</u>		
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADORESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE					
HARACT.						i (Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

FILED

Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90122 006 ****61.25