

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

06-18-2001 90001 012 ****61.25

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1. Entity Name

RIVER-GOLF TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business

**545 VIRGINIA AVE.
PT. ORANGE FL 32127**

Mailing Address

**P O B 7203
DAYTONA BEACH FL 32116**

2. Principal Place of Business

2430 S. Peninsula Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona Bch., Fla.

City & State

Zip

32118

Country

Volusia

Country

4. FEI Number

59-3482963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALES, KELLY
RIVER GOLF TOWNHOMES 121
1600 SOUTH PALMETTO
SOUTH DAYTONA FL 32119**

7. Name and Address of New Registered Agent

Name **CHRISTOPHER C. CHOPORIS, TREASURER**
Street Address (P.O. Box Number is Not Acceptable)
2430 S. Peninsula Dr.
Daytona Beach,
City **FL** Zip Code **32118**

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

Christopher C. Choporis, Treas.

(CHRISTOPHER C. CHOPORIS, TREASURER) 6/11-0

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** NAME **BALES, KELLY** ☒ Delete
STREET ADDRESS **1600 S PALMETTO 121**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE **DP** NAME **CHOPORIS, CHRISTOPHER C** ☐ Delete
STREET ADDRESS **2430 S PENINSULA DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **DST** NAME **YOKUBONUS, PEGGY** ☐ Delete
STREET ADDRESS **22 MEADOW RIDGE VIEW**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** NAME **President** ☒ Change ☐ Addition
STREET ADDRESS **Jim Hawks**
CITY-ST-ZIP **27435 St. Lucie Ln. Summerland Key, Fla. 33042**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** NAME **Secretary** ☒ Change ☐ Addition
STREET ADDRESS **Barbara Green**
CITY-ST-ZIP **39 Twin River Dr. Ormond Beach, Fla. 32174**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 information.

SIGNATURE:

Christopher C. Choporis, Treas.

**Christopher C. Choporis, Treas.
June 11, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #