

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-06-2003 90041 004 ****61.25

DOCUMENT # N99000005072

1. Entity Name

COUNTRY GLEN AT RIVERMILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**7100 W CAMINO REAL
#117
BOCA RATON FL 33433**

Mailing Address

**7100 W CAMINO REAL
#117
BOCA RATON FL 33433**

55049544

2. Principal Place of Business

6750 Rivermill Club Dr.

3. Mailing Address

P.O. Box 541608

Suite, Apt., or No.

Dr.

Suite, Apt., or No.

6750 Rivermill Club Dr.

☐ CHECK HERE IF MAKING CHANGES

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number **65-1006505**

Applied For
Not Applicable

Zip

33463

Country

USA

Zip

33463

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALVO, PAUL
7100 W CAMINO REAL #117
BOCA RATON FL 33433**

**new night
co.**

7. Name and Address of New Registered Agent

Association Management Inc.

6750 Rivermill Club Dr. 33463

Boca Raton Lake Worth FL 33463

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Douglas M. Logue 3-25-03

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

TITLE **PD**
NAME **RICE, PAUL**
STREET ADDRESS **5255 PINE MEADOWS ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **VD**
NAME **GREENBERG, MITCHELL**
STREET ADDRESS **6839 WILLOW CREEK RUN**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **STD**
NAME **POINTE, JEFFREY**
STREET ADDRESS **6910 MILLBROOK PLACE**
CITY-ST-ZIP **LAKE WROTH FL 33463**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SETH TINKER**
NAME **SETH TINKER**
STREET ADDRESS **68TH MILL 2000**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **Tres.**
NAME **Steven Dockswell**
STREET ADDRESS **6750 Rivermill Club Dr.**
CITY-ST-ZIP **Lake Worth, FL 33463**

TITLE
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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:

X SIGNATURE OF PAUL RICE

4-22-03 561-667-1290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)