

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **723332** (3)

1. Corporation Name

RIVER OAKS APARTMENTS CONDOMINIUM OWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

**OWNERS ASSOCIATION INC
1600 1ST AVENUE WEST
BRADENTON FL 34205-6836**

**C/O CAROL BOYLE
1650 1ST AVE W UNIT 101-B
BRADENTON FL 34205-6836**

3. Date Incorporated or Qualified
05/03/1972

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **90 Claire Warhola**
Suite, Apt. #, etc.
27 **1650 1st Ave W. #508B**

23 City & State

28 **Bradenton FL**

24 Zip 25 Country

29 **34205** 30 Country

4. FEI Number **59-1472359** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERKER & POLIAKOFF, P.A.
630 ORANGE AVE.
SARASOTA FL 34236**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RINKER, BEVERLY
STREET ADDRESS	1650 1ST AVE W
CITY-ST-ZIP	BRADENTON FL
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, WILLIAM
STREET ADDRESS	1650 1ST. AVE. W.
CITY-ST-ZIP	BRADENTON FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	FIELDS, ROBERTS
STREET ADDRESS	1600 1ST AVE W
CITY-ST-ZIP	BRADENTON FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	BOYLE, CAROL
STREET ADDRESS	1650 FIRST AVE., W.
CITY-ST-ZIP	BRADENTON FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	WILLIAM, BETTY
STREET ADDRESS	1650 1ST AVE W
CITY-ST-ZIP	BRADENTON FL
TITLE	DAT <input checked="" type="checkbox"/> DELETE
NAME	RINKER, BEVERLY
STREET ADDRESS	1650 1ST AVE W
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KUEBLER, John
1.3 STREET ADDRESS	1600 1st. Ave. W.
1.4 CITY-ST-ZIP	Bradenton FL 34205
2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Clarke, Carol
2.3 STREET ADDRESS	1650 1st Ave. W.
2.4 CITY-ST-ZIP	Bradenton FL 34205
3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fields, Robert
3.3 STREET ADDRESS	1600 1st Ave. W
3.4 CITY-ST-ZIP	Bradenton FL 34205
4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Warhola, Claire
4.3 STREET ADDRESS	1650 1st Ave W.
4.4 CITY-ST-ZIP	Bradenton FL 34205
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Palmer, John
5.3 STREET ADDRESS	1600 1st Ave W.
5.4 CITY-ST-ZIP	Bradenton FL 34205
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Abbey, Don
6.3 STREET ADDRESS	1650 1st Ave. W.
6.4 CITY-ST-ZIP	Bradenton FL 34205

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Claire Ryder Warhola** **Claire Ryder Warhola** 4/25/96 (941) 746-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)