FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

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1. Corporation Name

RIVER OAKS APARTMENTS CONDOMINIUM OWNERS' ASSOCI ATION, INC

Principal Place of Business	Mailing Address	
OWNERS ASSOCIATION INC 1600 1ST AVENUE WEST BRADENTON FL 34205-6836	C/O CLAIRE WARHOLA 1650 1ST AVE W 508B BRADENTON FL 34205 US	

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- 2 .	Principal Place of Business -	2a	Mailing Address -		3. Date Incorporated or Qualifed	-	
21		26			05/03/1972		
	Suite, Apt. #, etc.	\top	Suite, Apt. #, etc.		4. FEI Number Applied	d For	
22		27				plicable	
\vdash	City & State	20	City & State		5. Certificate of Status Desired \$8.75 Addit Fee Requir		
23	Zip Country	28	Zip Coun	itry			
24	25	29	30		Trust Fund Contribution Added to Fe	ees	
9. Name and Address of Current Registered Agent			tered Agent	10. Name and Address of New Registered Agent			
				81	Name		
BERKER & POLIAKOFF, P.A. 630 ORANGE AVE. SARASOTA FL 34236		82	Street Address (P.O. Box Number is Not Acceptable)				
		83					
			Ĩ	84	City FL 85 Zip Code	9	

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered Agent signature r	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12
TITLE	D DELETE	1.1 TITLE	DUP	Change	Addition
NAME	WILLIAMS, CHARLES	1.2 NAME	Bradenton FL 3	// 1	
STREET ADDRESS	1650 1ST AVE. W.	1.3 STREET ADDRESS	1650 FIRST AVE	<i>w</i> .	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton FL 39	4205	
πιε	DS DELETE	2.1 TITLE			Addition
NAME .	CLARKE, CAROL	2.2 NAME	Slegers, James 1600 First Ave. 4	/ / ~	
STREET ADDRESS	1650 1ST AVE W	2.3 STREET ADDRESS	1600 FIRST HVE.	2000	
CITY-ST-ZIP	BRADENTON FL	2. 4 CITY-ST-ZIP	Braventon FL 3		
TITLE	D DELETE	3.1 TITLE	Dr. d. Ohr	Stine_Change	Addition
NAME	FIELDS, ROBERT	3.2 NAME	Kennedy Chri	3///	
STREET ADDRESS	1600 1ST AVE W	3.3 STREET ADDRESS	1650 130 Hoe a	/ (
CITY-ST-ZIP	BRADENTON FL	3.4. CITY-ST-ZIP	Bracenton TL 3	4205	
TITLE	DT DELETE	4.1 TITLE		Change	Addition
NAME	WARHOLA, CLAIRE	4.2 NAME			
STREET ADDRESS	1650 1ST AVE W	4.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP			
TITLE	D DELETE	5.1 TITLE		· Change	Addition
NAME	WILLIAMS, ROBERT	5.2 NAME			
STREET ADDRESS	1600 1ST AVE.W.	5.3 STREET ADDRESS			,
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP			
TITLE	DR DELETE	. 6.1 TITLE		☐ Change	☐ Addition
NAME	ABBEY, DON	6.2 NAME			
STREET ADDRESS	1650 1ST AVE W	6.3 STREET ADDRESS			•
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:



Treasurer 4/

4/a0/99

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