


**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90007 036 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 723332</b>	
1. Entity Name RIVER OAKS APARTMENTS CONDOMINIUM OWNERS' ASSOCIATION, INC	

44007013

Principal Place of Business OWNERS ASSOCIATION INC 1650 1ST AVENUE WEST BRADENTON, FL 34205-6836	Mailing Address OWNERS ASSOCIATION INC % 4301 32ND ST. W., #A19 BRADENTON, FL 34205 -US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01082004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1472359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> BERKER & POLIAKOFF, P.A. 630 ORANGE AVE. SARASOTA, FL 34236	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25  
Due by May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> KUEBLER, JOHN G 1600 1ST AVE WEST BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Svenson, Nonda</b> 1600 1ST AVE W BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> BABER, DON 1650 1ST AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CINCOTTA, MAGGIE 1600 1ST AVE. W. BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> BOECKMAN, TEMPIE 1600 1ST AVE.W. BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> MILLER, BILL 1600 1ST AVE W BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> MARTIN, Bill 1600 1ST AVE W BRADENTON, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> GLENNY, DON 1600 1ST AVE W BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Glenny, Don 1600 1ST AVE W BRADENTON, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*John G. Kuebler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 28 '04* **941-747-6756**  
Date Daytime Phone

*Attachment*  
*44007015*

**2004 NOT-FOR-PROFIT ANNUAL REPORT**

<b>DOCUMENT # 723332</b> 1. Entity Name <b>RIVER OAKS APARTMENTS CONDOMINIUM OWNERS' ASSOCIATION, INC</b>		
Principal Place of Business <b>OWNERS ASSOCIATION INC 1650 1ST AVENUE WEST BRADENTON, FL 34205-6836</b>		Mailing Address <b>OWNERS ASSOCIATION INC % 4301 32ND ST. W., #A19 BRADENTON, FL 34205 US</b>
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number <b>59-1472359</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>  <b>BERKER &amp; POLIAKOFF, P.A. 630 ORANGE AVE. SARASOTA, FL 34236</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when instituting.) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P KUEBLER, JOHN G 1600 1ST AVE WEST BRADENTON, FL 34205</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SEVSON, Nonda 1600 1ST AVE W BRADENTON, FL 34205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS BABER, DON 1650 1ST AVE W BRADENTON, FL 34205</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D CINCOTTA, MAGGIE 1600 1ST AVE. W. BRADENTON, FL 34205</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition DATE <u>1-22-04</u> AMOUNT <u>61.25</u> PREPARED BY <u>1/19/04</u> LIAISON APPROVED <u>1-22-04</u> DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DT BOECKMAN, TEMPIE 1600 1ST AVE. W. BRADENTON, FL 34205</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V MILLER, BILL 1600 1ST AVE W BRADENTON, FL 34205</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DVP MARTIN, Bill 1600 1ST AVE W BRADENTON, FL 34205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DVP GLENNY, DON 1600 1ST AVE W BRADENTON, FL 34205</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D Glenny, Don 1600 1ST AVE W BRADENTON, FL 34205</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dept Fee Printed</small>		