


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90017 046 ****61.25

DOCUMENT # 723332

1. Entity Name
RIVER OAKS APARTMENTS CONDOMINIUM OWNERS' ASSOCIATION, INC



Principal Place of Business
**1650 1 AVE W
 BRADENTON, FL 34205-6836**

Mailing Address
**1801 GLENGARY ST
 SARASOTA, FL 34231 US**

40079313



2. Principal Place of Business - No P.O. Box #
PROGRESSIVE COMMUNITY MGMT, Inc

Suite, Apt. #, etc.
1801 GLENGARY STREET

City & State
SARASOTA, FL

3. Mailing Address
 Suite, Apt. #, etc.

City & State

01162007 Chg-NP CR2E037 (12/06)

Zip
34231

Country
USA

4. FEI Number
59-1472359

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PROGRESSIVE COMMUNITY MANAGEMENT, INC.
 1801 GLENGARY ST
 SARASOTA, FL 34231**

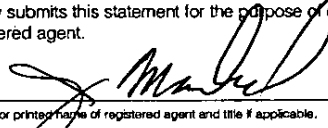
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  **Jim MARKEL** **4/16/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP | DP GLENNY, DON 1600 1ST AVE WEST BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BABER, DON 1650 1ST AVE W BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CINCOTTA, MAGGIE 1600 1ST AVE. W. BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CANNON, ELEAN 1600 1ST AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLENNY, DON 1600 1ST AVE W BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP QUITON, DICK 1600 1ST AVE W. BRADENTON, FL 34205 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUSEBY, LOIS 1650 1ST AVE. W., #406B BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BOLT, JANICE ANN 1650 1ST AVE. W., #504B BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CANNON, EILEEN 1600 1ST AVE. W., #102A BRADENTON, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD QUITON, RICHARD 1600 1ST AVE. W., #202A 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 exemptions contained in Chapter 119, 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:  **Jim MARKEL** **4/16/07** **941-921-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #