

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09660 (4)**

1. Corporation Name  
**RIVER OAKS CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>900 S.W. 19TH ST. FT. LAUDERDALE FL 33315</b>	Mailing Address <b>900 S.W. 19TH ST. FT. LAUDERDALE FL 33315</b>
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3. Date Incorporated or Qualified <b>06/10/1985</b>	
4. FEI Number <b>59-2632121</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>929 ORANGE ISLE</b>	2a. Mailing Address 26 <b>1005 STATE RD 84</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>P.O. BOX 109</b>
City & State 23 <b>FT LAUD FL</b>	City & State 28 <b>FT LAUD FL</b>
Zip 24 <b>33315</b>	Country 25 <b>USA</b>
Zip 29 <b>33315</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>RADKOWSKI, CHARLES 900 S.W. 19TH STREET FT. LAUDERDALE FL 33315</b>	10. Name and Address of New Registered Agent 81 Name <b>JORGE EGUES</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>1444 SW 32ND CT</b> 83 84 City <b>FT LAUD FL</b> 85 Zip Code <b>33315</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RADKOWSKI, CHARLES</b>	
STREET ADDRESS <b>900 S.W. 19TH STREET</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33315</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>SHAW-LEIVA, STEPHANIE</b>	
STREET ADDRESS <b>1708 S.W. 10TH AVE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33315</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>RUPPRECHT, PAT</b>	
STREET ADDRESS <b>1835 S.W. 12TH AVE</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33315</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KERR, DAREN</b>	
STREET ADDRESS <b>1114 SW 19TH ST</b>	
CITY-ST-ZIP <b>FT LAUDEERDALE FL</b>	
TITLE <b>MD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CONLIN, MICHAEL E</b>	
STREET ADDRESS <b>900 S.W. 19TH STREET</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33315</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>JORGE EGUES</b>	
1.3 STREET ADDRESS <b>929 ORANGE ISLE</b>	
1.4 CITY-ST-ZIP <b>FT LAUD. FL 33315</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>TOM PAZ</b>	
4.3 STREET ADDRESS <b>1313 SW 18TH CT</b>	
4.4 CITY-ST-ZIP <b>FT LAUD, FL 33315</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: \_\_\_\_\_ DATE: **6/30/98** **954-476-6999**

CFR2037 (10/97)