

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

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

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

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 <b>81 Name JORGE EGUES</b> <b>82 Street Address (P.O. Box Number Is Not Acceptable) 1444 SW 32ND CT</b> <b>83</b> <b>84 City FT LAUD FL</b> <b>85 Zip Code 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>RADKOWSKI, CHARLES</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME <b>JORGE EGUES</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>929 ORANGE ISLE</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>FT LAUD. FL 33315</b>	
TITLE <b>VD</b>	<b>SHAW-LEIVA, STEPHANIE</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>RUPPRECHT, PAT</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>KERR, DAREN</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME <b>TOM PAZ</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>1313 SW 18TH CT</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>FT LAUD, FL 33315</b>	
TITLE <b>MD</b>	<b>CONLIN, MICHAEL E</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* 6/30/98 954-476-6999

CR2E037 (10/97)