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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90204 007 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N09660

1. Corporation Name
RIVER OAKS CIVIC ASSOCIATION, INC.

222571 - 90204 - 7

Principal Place of Business
 929 ORANGE ISLE
 FT. LAUDERDALE FL 33315
 US

Mailing Address
 1005 STATE RD 84
 P O BOX 109
 FT. LAUDERDALE FL 33315
 US



2. Principal Place of Business 21 1005 State Rd. 84	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/10/1985
Suite, Apt. #, etc. 22 pO Box 109	Suite, Apt. #, etc. 27	4. FEI Number 59-2632121
City & State 23 Fort Lauderdale FL	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33315	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent EGUES, JORGE 1444 SW 32ND CT FT. LAUDERDALE FL 33315	10. Name and Address of New Registered Agent 81 Name Jorge Egues 82 Street Address (P.O. Box Number is Not Acceptable) 2941 Hidden Hollow Lane 83 Davie, FL 33328 84 City Davie FL 85 Zip Code 33328
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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 P	EGUES, JORGE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGUES, JORGE	1.2 NAME	Jorge Egues
STREET ADDRESS	929 ORANGE ISLE	1.3 STREET ADDRESS	2941 Hidden Hollow Lane
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	1.4 CITY-ST-ZIP	Davie, FL 33328
TITLE VD	SHAW-LEIVA, STEPHANIE	2.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW-LEIVA, STEPHANIE	2.2 NAME	Gary Kemp
STREET ADDRESS	1708 S.W. 10TH AVE	2.3 STREET ADDRESS	924 Orange Isle
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33315
TITLE SD	RUPPRECHT, PAT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPPRECHT, PAT	3.2 NAME	
STREET ADDRESS	1835 S.W. 12TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	3.4 CITY-ST-ZIP	
TITLE T	PAZ, TOM	4.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAZ, TOM	4.2 NAME	Dennis Byk
STREET ADDRESS	1313 SW 18TH CT	4.3 STREET ADDRESS	934 S.W. 18th Court
CITY-ST-ZIP	FT LAUDEERDALE FL 33315	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33315
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Dennis Byk* DENNIS A. BYK 5 March 1999 954-723-6552

CR2E037 (11/98)