2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09660

Apr 12, 2004 Secretary of State

Entity Name: RIVER OAKS CIVIC ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2300 SW 15 AVE FT LAUDERDALE, FL 33315 US **Current Mailing Address: New Mailing Address:** P O BOX 22045 FORT LAUDERDALE, FL 33335 US FEI Number: 59-2632121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANNING, KELLY J 2213 SW 19TH AVE FORT LAUDERDALE, FL 33315 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MANNING, KELLY Name: Name: Address: 2213 SW 19 AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: BYK, DENNIS Name: Address: 934 SW 18 CT Address: City-St-Zip: FT. LAUDERDALE, FL 33315 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition RUPRECHT, STEVE Name: MCGLAUFILIN, GWEN Name: 1835 S.W. 12TH AVE 905 SW 19 STREET Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33315 City-St-Zip: FT. LAUDERDALE, FL 33315 () Delete Title: Title: (X) Change () Addition RUPPRECHT, PATRICIA Name: Name: HOLLAND, GAYLE 946 SW 20 STREET Address: 1835 SW 12 AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE HOLLAND Т 04/12/2004