

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09660

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: RIVER OAKS CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

2300 SW 15 AVE  
FT LAUDERDALE, FL 33315 US

**New Principal Place of Business:**

946 SW 20 STREET  
FT LAUDERDALE, FL 33315 US

**Current Mailing Address:**

P O BOX 22045  
FORT LAUDERDALE, FL 33335 US

**New Mailing Address:**

FEI Number: 59-2632121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANNING, KELLY J  
2213 SW 19TH AVE  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

HOLLAND, GAYLE  
946 SW 20 STREET  
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: GAYLE HOLLAND      03/28/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MANNING, KELLY  
Address: 2213 SW 19 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VD ( ) Delete  
Name: BYK, DENNIS  
Address: 934 SW 18 CT  
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: SD ( ) Delete  
Name: MCGLAUFILIN, GWEN  
Address: 905 SW 19 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: T ( ) Delete  
Name: HOLLAND, GAYLE  
Address: 946 SW 20 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BENOIT, JAMIE  
Address: 905 SW 19 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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      T      03/28/2005  
Electronic Signature of Signing Officer or Director      Date