## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09660

Apr 23, 2007 Secretary of State

Entity Name: RIVER OAKS CIVIC ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 946 SW 20 STREET 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BYK, DENNIS Name: Name: 934 SW 18 CT Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition Name: MADFIR, MICHAEL Name: MADFIS, MICHAEL Address: 1041 SW 17 STREET Address: 1041 SW 17 STREET City-St-Zip: FT. LAUDERDALE, FL 33315 City-St-Zip: FT. LAUDERDALE, FL 33315 Title: () Delete Title: SD (X) Change ( ) Addition THOMSON, CHERI WRIGHT, SOPHIE Name: Name: 1315 AVOCADO ISLE Address: Address: 1718 SW 20 ST City-St-Zip: FT. LAUDERDALE, FL 33315 City-St-Zip: FT. LAUDERDALE, FL 33315 Title: ( ) Delete Title: () Change () Addition Name: HOLLAND, GAYLE Name: Address: 946 SW 20 STREET Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 MRS. 04/23/2007