

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90147 031 ****61.25

DOCUMENT # N17080

1. Entity Name
THE RIVER HOMES OF SEA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: **1235 WINDING OAKS CIRCLE VERO BEACH FL 32963-4024**
 Mailing Address: **1235 WINDING OAKS CIRCLE VERO BEACH FL 32963-4024**

2. Principal Place of Business: **8811 A1A**
 Suite, Apt. #, etc.:
 City & State: **Vero Beach, FL**
 Zip: **32963** Country:

3. Mailing Address: **8811 A1A**
 Suite, Apt. #, etc.:
 City & State: **Vero Beach, FL**
 Zip: **32963** Country:



1st MOORE CR2E037 (10/05)

4. FEI Number: **59-2689708** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
DAWSON, PAMELA
1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963

7. Name and Address of New Registered Agent:
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **PAMELA DAWSON, MANAGING AGENT** DATE: **3/2/06**

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MARTIN, DICK STREET ADDRESS: 1235 WINDING OAKS CIR. CITY-ST-ZIP: VERO BEACH FL	<input type="checkbox"/> Delete	TITLE: VP NAME: MARTHA BROWN STREET ADDRESS: 8811 HWY A1A CITY-ST-ZIP: VERO BEACH FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: TAYLOR, JON STREET ADDRESS: 1539 SABAL COURT CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE: VP NAME: MARTHA BROWN STREET ADDRESS: 8811 HWY A1A CITY-ST-ZIP: VERO BEACH FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: HIRSCH, CLAIRE STREET ADDRESS: 1235 WINDING OAKS CIR CITY-ST-ZIP: VERO BEACH FL 32963	<input checked="" type="checkbox"/> Delete	TITLE: SECRETARY NAME: JOAN PATOTA STREET ADDRESS: 8811 HWY A1A CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: HULLIGAN, SUSAN STREET ADDRESS: 1526 ORCHID DRIVE CITY-ST-ZIP: VERO BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE: MEMBER NAME: MARTHA BROWN STREET ADDRESS: 8811 HWY A1A CITY-ST-ZIP: VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VT NAME: CARLSON, ROLAND STREET ADDRESS: 1235 WINDING OAKS CIR. CITY-ST-ZIP: VERO BEACH FL	<input type="checkbox"/> Delete	TITLE: TREASURER NAME: MARTHA BROWN STREET ADDRESS: 8811 HWY A1A CITY-ST-ZIP: VERO BEACH FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **3/3/06**