


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90006 006 ****61.25

DOCUMENT # N35673					
1. Entity Name RIVER OAKS EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PHILIP E. SHEETS 10364 N. NATCHEZ LOOP DUNNELLON, FL 34434			Mailing Address PHILIP E. SHEETS 10364 N. NATCHEZ LOOP DUNNELLON, FL 34434		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3086423	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEETS, PHILIP E 10364 N. NATCHEZ LOOP DUNNELLON, FL 34434			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUANE, JOHN		NAME	TANNERY, DONALD	
STREET ADDRESS	1957 E. DELWARE CRT.		STREET ADDRESS	10385 N NASKAPEZ PT.	
CITY-ST-ZIP	DUNNELLON, FL 34434		CITY-ST-ZIP	DUNNELLON, FL 34434	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEITUS, SHELIA		NAME	NICHOLS, Philip Jr	
STREET ADDRESS	10382 N NATCHEZ LP		STREET ADDRESS	10482 N. NATCHEZ LOOP	
CITY-ST-ZIP	DUNNELLON, FL 34434		CITY-ST-ZIP	DUNNELLON, FL 34434	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD, TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREPPA, GERI		NAME	SHEETS Philip E	
STREET ADDRESS	10199 N NATCHEZ LP		STREET ADDRESS	10364 N. NATCHEZ LOOP	
CITY-ST-ZIP	DUNNELLON, FL 34434		CITY-ST-ZIP	DUNNELLON, FL 34434	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZINK, DUANE		NAME	RAZINK, DUANE	
STREET ADDRESS	10217 N. NATCHEZ LOOP		STREET ADDRESS	10217 N. NATCHEZ LOOP	
CITY-ST-ZIP	DUNNELLON, FL 34434		CITY-ST-ZIP	DUNNELLON, FL 34434	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 or 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: <i>Philip E. Sheets</i>		Philip E. SHEETS		1/9/04 362-465-7812	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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01092004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3086423 Applied For Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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SIGNATURE: *Philip E. Sheets* Philip E. SHEETS 1/9/04 362-465-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #