


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90049 008 \*\*\*\*61.25

**DOCUMENT # N35673**  
 1. Entity Name  
**RIVER OAKS EAST HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PHILIP E. SHEETS** **PHILIP E. SHEETS**  
**10364 N. NATCHEZ LOOP** **10364 N. NATCHEZ LOOP**  
**DUNNELLON FL 34434** **DUNNELLON FL 34434**

**50005994**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3086423** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**SHEETS, PHILIP E**  
**10364 N. NATCHEZ LOOP**  
**DUNNELLON FL 34434**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE NAME	PD DUANE, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1957 E. DELWARE CRT.	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE NAME	VPD NICHOLS, PHILIP JR.	<input type="checkbox"/> Delete
STREET ADDRESS	10482 N. NATCHEZ LOOP	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE NAME	SDTD SHEETS, PHILIP E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10364 N. NATCHEZ LOOP	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE NAME	D RAZINK, DUANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10217 N. NATCHEZ LOOP	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE NAME	D DUANE, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1957 E DELAWARE CT	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE NAME	PD TANNERY, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	10385 N NASKAPE PT	
CITY-ST-ZIP	DUNNELLON FL 34434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD Cheryl C. Sheets	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10364 N. Natchez loop	
CITY-ST-ZIP	Dunnellon, FL 34434	
TITLE NAME	TD Wilson Tyndal	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10365 N. Natchez loop	
CITY-ST-ZIP	Dunnellon, FL 34434	
TITLE NAME	D Julie Nottingham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10459 N. Natchez loop	
CITY-ST-ZIP	Dunnellon FL 34434	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: Cheryl C. Sheets Cheryl C. Sheets 1-18-05 352-465-7812  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #