


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90074 018 \*\*\*\*61.25

<b>DOCUMENT # N35673</b>					
1. Entity Name <b>RIVER OAKS EAST HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PHILIP E. SHEETS 10364 N. NATCHEZ LOOP DUNNELLON, FL 34434</b>		Mailing Address <b>PHILIP E. SHEETS 10364 N. NATCHEZ LOOP DUNNELLON, FL 34434</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-3086423</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEETS, PHILIP E 10364 N. NATCHEZ LOOP DUNNELLON, FL 34434</b>			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SHEETS, CHERYL C</b>	NAME	<b>STORY, MARILYN</b>		
STREET ADDRESS	<b>10364 N NATCHEZ LOOP</b>	STREET ADDRESS	<b>10409 N. NATCHEZ LOOP</b>		
CITY-ST-ZIP	<b>DUNNELLON, FL 34434</b>	CITY-ST-ZIP	<b>Dunnellon, FL 34434</b>		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>NICHOLS, PHILIP JR.</b>	NAME	<b>ALCORN, Steve</b>		
STREET ADDRESS	<b>10482 N. NATCHEZ LOOP</b>	STREET ADDRESS	<b>10192 N. NATCHEZ LOOP</b>		
CITY-ST-ZIP	<b>DUNNELLON, FL 34434</b>	CITY-ST-ZIP	<b>Dunnellon, FL 34434</b>		
TITLE	TD <input type="checkbox"/> Delete	TITLE			
NAME	<b>WILSON, TYNDAL</b>	NAME			
STREET ADDRESS	<b>10365 N NATCHEZ LOOP</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DUNNELLON, FL 34434</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	<b>NOTTINGHAM, JULIE</b>	NAME			
STREET ADDRESS	<b>10459 N NATCHEZ LOOP</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DUNNELLON, FL 34434</b>	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	<b>TANNERY, DONALD</b>	NAME			
STREET ADDRESS	<b>10385 N NASKAPE PT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DUNNELLON, FL 34434</b>	CITY-ST-ZIP			
TITLE		TITLE			
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 exemptions contained 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 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: <u>Cheryl C. Sheets Cheryl C. Sheets</u>		Date: <u>1-8-06</u>		Daytime Phone #: <u>352-465-7812</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					