2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N35673

Entity Name: RIVER OAKS EAST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PHILIP E. SHEETS
10364 N. NATCHEZ LOOP
DUNNELLON, FL 34434

New Principal Place of Business:

Current Mailing Address:

PHILIP E. SHEETS
10364 N. NATCHEZ LOOP
DUNNELLON, FL 34434

New Mailing Address:

FEI Number: 59-3086423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEETS, PHILIP E
10364 N. NATCHEZ LOOP
DUNNELLON, FL 34434 US

Name and Address of New Registered Agent:

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:

Title: SD ( ) Delete
Name: SHEETS, CHERYL C
Address: 10364 N NATCHEZ LOOP
City-St-Zip: DUNNELLON, FL 34434

Title: VPD ( ) Delete
Name: WARD, JOE
Address: 10353 N NATCHEZ LOOP
City-St-Zip: DUNNELLON, FL 34434

Title: TD ( ) Delete
Name: ST JULIANA, LINDA
Address: 1993 E. DELAWARE CT.
City-St-Zip: DUNNELLON, FL 34434

Title: PD ( ) Delete
Name: TANNERY, DONALD
Address: 10385 N NASKAPI POINT
City-St-Zip: DUNNELLON, FL 34433

Title: D ( ) Delete
Name: TREPPA, GERI
Address: 10199 N NATCHEZ LOOP
City-St-Zip: DUNNELLON, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: RAULERSON, TRACI
Address: 10400 N. NATCHEZ LOOP
City-St-Zip: DUNNELLON, FL 34434

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: TANNERY, DONALD
Address: 10385 N NASKAPI POINT
City-St-Zip: DUNNELLON, FL 34434

Title: D (X) Change ( ) Addition
Name: ALCORN, GWEN
Address: 10192 N NATCHEZ LOOP
City-St-Zip: DUNNELLON, FL 34434

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: CHERYL C. SHEETS SD 02/11/2009

Electronic Signature of Signing Officer or Director Date