

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:23

DOCUMENT # **N47232** (6)
1. Corporation Name
RIVER OAKS I CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
201 E PINE ST SUITE 1200 ORLANDO FL 32801
201 E PINE ST SUITE 1200 ORLANDO FL 32801

3. Date Incorporated or Qualified **02/10/1992** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-3107904** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
QUINN, PAUL S., JR.
201 E PINE ST
SUITE 1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name **J. Charles Gray**
82 Street Address (P.O. Box Number is Not Acceptable) **201 E. Pine St.**
83 **Suite 1200**
84 City **Orlando** FL 85 Zip Code **32801**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *J. Charles Gray* DATE **2-7-95**
Signature typed and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	GRAY, JOHN C., JR.
STREET ADDRESS	289 BAYOU CIR. 239 River Village Dr.
CITY-ST-ZIP	DEBARY FL
TITLE	D
NAME	GRAY, JOHN C., JR.
STREET ADDRESS	289 BAYOU CIR. 239 River Village Dr.
CITY-ST-ZIP	DEBARY FL
TITLE	D
NAME	GRAY, J. CHARLES
STREET ADDRESS	201 E PINE ST #1200
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	KENT LARRY
STREET ADDRESS	840-K DELTONA BLVD
CITY-ST-ZIP	DELTONA FL
TITLE	D
NAME	GRAY, Sandra
STREET ADDRESS	263 Bayou Circle
CITY-ST-ZIP	DeBary, Fl. 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRAY, John C. Jr.
1.3 STREET ADDRESS	239 River Village Dr.
1.4 CITY-ST-ZIP	DeBary, Fl. 32717
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gray, John C. Jr.
2.3 STREET ADDRESS	239 River Village Dr.
2.4 CITY-ST-ZIP	DeBary, FL. 32713
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32801
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gray, Sandra H.
4.3 STREET ADDRESS	263 Bayou Circle
4.4 CITY-ST-ZIP	DeBary, FL. 32713
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Charles Gray* DATE **2-6-95** TELEPHONE NUMBER **407-668-6610**
Signature typed and printed name of signing officer or director