

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **02/10/1992**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **59-3107904**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**GRAY, J. CHARLES  
201 E. PINE ST.  
SUITE 1200  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title acceptable) (NOTE: Registered Agent signature required on this filing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAY, JOHN C., JR.</b>	
STREET ADDRESS	<b>239 RIVER VILLAGE DR.</b>	
CITY-ST-ZIP	<b>DEBARY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRAY, JOHN C., JR.</b>	
STREET ADDRESS	<b>239 RIVER VILLAGE DR.</b>	
CITY-ST-ZIP	<b>DEBARY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAY, J. CHARLES</b>	
STREET ADDRESS	<b>201 E PINE ST #1200</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAY, SAUNDRA H.</b>	
STREET ADDRESS	<b>263 BAYOU CIRCLE</b>	
CITY-ST-ZIP	<b>DEBARY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PIT/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>GRAY, JOHN C., JR.</b>	
13 STREET ADDRESS	<b>287 MARSH LANDING CR</b>	
14 CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<b>V/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>GRAY, J. CHARLES</b>	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>R. DOYLE CARLTON</b>	
43 STREET ADDRESS	<b>265 BAYOU CR</b>	
44 CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96  
Date  
407-668-6600  
Daytime Phone #

CR2E037 (12/95)