


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90064 030 ****61.25

0015118

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N47232

1. Corporation Name
RIVER OAKS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O REGENCY PROFESSIONAL MANAGEMENT, INC. 505 WEKIVA SPRGS RD #500 LONGWOOD FL 32779 US	Mailing Address C/O REGENCY PROFESSIONAL MANAGEMENT, INC. 505 WEKIVA SPRGS RD #500 LONGWOOD FL 32779 US
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/10/1992
22 City & State	27 City & State	4. FEI Number 59-3107904
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
26	27	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

REGENCY PROFESSIONAL MANAGEMENT, INC.
505 WEKIVA SPRGS RD #500
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, JOHN	
STREET ADDRESS	279 BAYOU CIR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CARLTON, R. DOYLE	
STREET ADDRESS	265 BAYOU CIRCLE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DODSON, LORETTA	
STREET ADDRESS	267 BAYOU CIR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KERRY KRIEGER	
1.3 STREET ADDRESS	285 MARSH LANDINGS	
1.4 CITY-ST-ZIP	DEBARY FL 32817	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARBAR LARSON	
2.3 STREET ADDRESS	275 BAYOU CIRCLE	
2.4 CITY-ST-ZIP	DEBARY FL 32817	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NANCY SPAIN	
3.3 STREET ADDRESS	253 BAYOU CIRCLE	
3.4 CITY-ST-ZIP	DEBARY FL 32817	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 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, with all other like empowered.

SIGNATURE: *Nancy Spain* REC 3/13/99 247-3327
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)