

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005212 (5)**  
1. Corporation Name  
**RIVER OAKS II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O REGENCY PROFESSIONAL MANAGEMENT, INC. 407 WEKIVA SPRINGS RD., SUITE 213 LONGWOOD FL 32779 +</b>	Mailing Address <b>C/O REGENCY PROFESSIONAL MANAGEMENT, INC. 407 WEKIVA SPRINGS RD., SUITE 213 LONGWOOD FL 32779 +</b>
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3. Date Incorporated or Qualified  
**10/20/1994**

4. FEI Number  
**59-3278631**

Applied For  
 Not Applicable

2. Principal Place of Business <b>21 505 Wekvia Springs Rd Suite, Apt. #, etc. 22 Suite 500 City &amp; State 23 Longwood, Fl. 32779 Zip Country 24 32779 25 USA</b>	2a. Mailing Address <b>26 505 Wekvia Springs Rd Suite, Apt. #, etc. 27 Suite 500 City &amp; State 28 Longwood, Fl. Zip Country 29 32779 30 USA</b>
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**REGENCY PROFESSIONAL MANAGEMENT, INC.,  
C/O PAT KEHLER  
407 WEKIVA SPRINGS ROAD, SUITE 213  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>505 Wekvia Springs Road</b>
83	<b>Suite 500</b>
84 City	<b>Longwood, FL</b>
85 Zip Code	<b>32779</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>287 MARSH LANDING CR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, J. CHARLES</b>	2.2 NAME	
STREET ADDRESS	<b>201 E. PINE ST., SUITE 1200</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, SAUNDRA H</b>	3.2 NAME	
STREET ADDRESS	<b>263 BAYOU CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: John Gray **JOHN GRAY** 2/2/98 407-668-6600

CR2E037 (10/97)