

FILE NOW: FILING FEE IS \$61.25

FILED
Oct 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000005212 (5)

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



Principal Place of Business: C/O REGENCY PROFESSIONAL MANAGEMENT, INC., 407 WEKIVA SPRINGS RD., SUITE 213, LONGWOOD FL 32779-+

Mailing Address: C/O REGENCY PROFESSIONAL MANAGEMENT, INC., 407 WEKIVA SPRINGS RD., SUITE 213, LONGWOOD FL 32779-+

3. Date Incorporated or Qualified: 10/20/1994

4. FEI Number: 59-3278631

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

2. Principal Place of Business: 21 505 Wekiva Springs Rd, Suite, Apt. #, etc. 22 Suite 500, City & State 23 Longwood, Fl. 32779, Zip 24 32779, Country 25 USA

2a. Mailing Address: 26 505 Wekiva Springs Rd, Suite, Apt. #, etc. 27 Suite 500, City & State 28 Longwood, Fl., Zip 29 32779, Country 30 USA

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): 505 Wekiva Springs Road

83 Suite 500

84 City: Longwood, FL 85 Zip Code: 32779

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

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, JOHN	
STREET ADDRESS	287 MARSH LANDING CR	
CITY-ST-ZIP	DEBARY FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, J. CHARLES	
STREET ADDRESS	201 E. PINE ST., SUITE 1200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, SAUNDRA H	
STREET ADDRESS	263 BAYOU CIRCLE	
CITY-ST-ZIP	DEBARY FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carmichael, William	
1.3 STREET ADDRESS	3504 Lake Lynda Dr, Suite 170	
1.4 CITY-ST-ZIP	Orlando, FL 32817	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hennessy Jr, Joseph D	
2.3 STREET ADDRESS	3504 Lake Lynda Dr, Suite 170	
2.4 CITY-ST-ZIP	Orlando, FL 32817	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Herndon, Jeannine	
3.3 STREET ADDRESS	3504 Lake Lynda Dr, Suite 170	
3.4 CITY-ST-ZIP	Orlando, FL 32817	
4.1 TITLE		<input checked="" 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	500002657285	
5.3 STREET ADDRESS	-10/07/98--01020--017	
5.4 CITY-ST-ZIP	***61.25	
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 my address.