


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90061 013 ****61.25

DOCUMENT # N94000005212					
1. Entity Name RIVER OAKS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business RIVER VILLAGE DRIVE DEBARY, FL 32713 US			Mailing Address PO BOX 7149 DAYTONA BEACH, FL 32116-7149 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KING, JOAN 160 KEY COLONY COURT DAYTONA BEACH SHORES, FL 32118				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEMANY, JOSEPH			NAME	
STREET ADDRESS	237 RIVER VILLAGE DR			STREET ADDRESS	
CITY-ST-ZIP	DEBARY, FL 32713			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, LISA			NAME	
STREET ADDRESS	244 RIVER OAKS LANDING			STREET ADDRESS	
CITY-ST-ZIP	DEBARY, FL 32713			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, DAVID			NAME	ALICE GRIFFITHS, ALICE
STREET ADDRESS	229 RIVER VILLAGE DR			STREET ADDRESS	228 RIVER VILLAGE DR
CITY-ST-ZIP	DEBARY, FL 32713			CITY-ST-ZIP	DEBARY, FL 32713
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joseph Alemany</u>		JOSEPH ALEMANY		4-5-05 386-451-8200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



03162005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3278631 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required