


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3278631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANK, VICKI
 41 SEAHAVEN DR.
 PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

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: *Vicki Jank* *CAM Manager* *2/20/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000653157
 03/13/07-80003-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEMANY, JOSEPH 237 RIVER VILLAGE DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAGOUN, FRANK 230 RIVER VILLAGE DR. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFSKY, HARVEY 239 RIVER VILLAGE DR. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joseph Alemany* *Joseph Alemany* *2/20/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #