


FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90009 001 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box #		3. Mailing Address P.O. Box 290035	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port Orange, FL	
Zip	Country	Zip	Country
		32129-0035	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JANK, VICKI 41 SEAHAVEN DR. PORT ORANGE, FL 32127		Name Vicki Jank	
		Street Address (P.O. Box Number is Not Acceptable)	
		16192 Palm Vista Street	
		City Port Orange	
		State FL	
		Zip Code 32128	
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, C.A.M.		Vicki Jank	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 1/14/08			
Filing Fee is \$61.25 Due by May 1, 2008		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	DRAGOUN, FRANK	NAME	
STREET ADDRESS	230 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	SCHEFSKY, HARVEY	NAME	
STREET ADDRESS	239 RIVER VILLAGE DR.	STREET ADDRESS	
CITY-ST-ZIP	DEBARY, FL 32713	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	
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 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 S. Alemany		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	