


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90369 018 \*\*\*\*61.25

DOCUMENT # N94000005212  
1. Entity Name  
RIVER OAKS II CONDOMINIUM ASSOCIATION, INC.



**DO NOT WRITE IN THIS SPACE**

90014533

2. Principal Place of Business  
RIVER VILLAGE DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
P. O. BOX 7149  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DEBURY, FL

City & State  
DAYTONA BEACH, FL

Zip  
32713

Country  
USA

Zip  
32116-7149

Country  
USA

4. FEI Number 59-3278631

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOAN KING

Street Address (P.O. Box Number is Not Acceptable)  
160 KEY COLONY COURT

City DAYTONA BEACH SHORES FL Zip Code 32118

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 *Joan King* JOAN KING 1-27-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOSEPH ALEMANY - PRES 237 RIVER VILLAGE DR DEBARY, FL 32713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COREY WILSON - DIR 224 RIVER VILLAGE DR DEBARY, FL 32713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DANA LEGGE - DIR 231 RIVER VILLAGE DR DEBARY, FL 32713	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Alemany Pres* JOSEPH ALEMANY 1-27-03 386-753-1758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #