


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 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 # N97000000578 (1)
1. Corporation Name
RIVER OAKS III HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 241 RIVER VILLAGE CIRCLE DEBARY FL 32713	Mailing Address 241 RIVER VILLAGE CIRCLE DEBARY FL 32713
--	--

3. Date Incorporated or Qualified 01/30/1997	
4. FEI Number 59-3425200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 505 Wekiva Springs Rd Suite, Apt. #, etc. 22 Suite 500 City & State 23 Longwood, Fl. Zip 24 32779	2a. Mailing Address 26 505 Wekiva Springs Rd Suite, Apt. #, etc. 27 Suite 500 City & State 28 Longwood, Fl. Zip 29 32779	Country 25 USA	Country 30 USA
--	---	--------------------------	--------------------------

9. Name and Address of Current Registered Agent
GRAY, JOHN C JR
241 RIVER VILLAGE CIRCLE
DEBARY FL 32713

10. Name and Address of New Registered Agent
81 Name
Regency Professional Management Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
505 Wekiva Springs Rd
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: *Pat A. Kellen* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAY, JOHN C JR	
STREET ADDRESS	241 RIVER VILLAGE CIRCLE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAY, J. CHARLES	
STREET ADDRESS	263 BAYOU CIRCLE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRAY, SAUNDRA	
STREET ADDRESS	263 BAYOU CIRCLE	
CITY-ST-ZIP	DEBARY FL 32713	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input 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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 an address.

SIGNATURE: *Pat A. Kellen* *John C. Gray* **2/6/98 (417) 786-5100**

CR2E037 (10/97)