


FILE NOW: FILING FEE IS \$61.25

FILED
Oct 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE, Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/30/1997

4. FEI Number 59-3425200	Applied For <input type="checkbox"/> Not Applicable
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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 30 USA
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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	

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 Suite 500
84 City Longwood
85 Zip Code FL 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. Heller*
Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GRAY, JOHN C JR	
STREET ADDRESS 241 RIVER VILLAGE CIRCLE	
CITY-ST-ZIP DEBARY FL 32713	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME GRAY, J. CHARLES	
STREET ADDRESS 263 BAYOU CIRCLE	
CITY-ST-ZIP DEBARY FL 32713	
TITLE STD	<input checked="" 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Carmichael, William	
1.3 STREET ADDRESS 3504 Lake Lynda Dr, Suite 170	
1.4 CITY-ST-ZIP Orlando, Florida 32817	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Hennessy Jr., Joseph D	
2.3 STREET ADDRESS 3504 Lake Lynda Dr, Suite 170	
2.4 CITY-ST-ZIP Orlando, FL 32718	
3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Herndon, Jeannine	
3.3 STREET ADDRESS 3504 Lake Lynda Dr, Suite 170	
3.4 CITY-ST-ZIP Orlando, FL 32817	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS 600002657286	
4.4 CITY-ST-ZIP -10/07/98--01020--018	
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.