

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005212 (5)

1. Corporation Name

RIVER OAKS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O REGENCY PROFESSIONAL MANAGEMENT, INC.. 407 WEKIVA SPRINGS RD., SUITE 213 LONGWOOD FL 32779 +	Mailing Address C/O REGENCY PROFESSIONAL MANAGEMENT, INC.. 407 WEKIVA SPRINGS RD., SUITE 213 LONGWOOD FL 32779 +
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3. Date Incorporated or Qualified
10/20/1994

4. FEI Number
59-3278631

Applied For
Not Applicable

2. Principal Place of Business 21 505 Wekiva Springs Rd Suite, Apt. #, etc. 22 Suite 500 City & State 23 Longwood, Fl. 32779 Zip 24 32779 Country 25 USA	2a. Mailing Address 26 505 Wekiva Springs Rd Suite, Apt. #, etc. 27 Suite 500 City & State 28 Longwood, Fl. Zip 29 32779 Country 30 USA
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGENCY PROFESSIONAL MANAGEMENT, INC.,
C/O PAT KEHLER
407 WEKIVA SPRINGS ROAD, SUITE 213
LONGWOOD FL 32779

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 505 Wekiva Springs Road
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT GRAY, JOHN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	287 MARSH LANDING CR	1.2 NAME	
STREET ADDRESS	DEBARY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVS GRAY, J. CHARLES <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 E. PINE ST., SUITE 1200	2.2 NAME	
STREET ADDRESS	ORLANDO FL 32801	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GRAY, SAUNDRA H <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	263 BAYOU CIRCLE	3.2 NAME	
STREET ADDRESS	DEBARY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature] JOHN GRAY 2/2/98 407-668-6600

CR2E037 (10/97)