

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0046752

DOCUMENT # N09660

1. Entity Name

RIVER OAKS CIVIC ASSOCIATION, INC.

04-12-2001 90012 005 ****61.25

Principal Place of Business 1005 STATE RD. 84 P.O. BOX 109 FT. LAUDERDALE FL 33315 US	Mailing Address 1005 STATE RD 84 P O BOX 109 FT. LAUDERDALE FL 33315 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8335 SW 23 ST	3. Mailing Address P.O. Box 22045
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT LAUDERDALE, FL	City & State FT LAUDERDALE, FL
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4. FEI Number 59-2632121	Applied For Not Applicable
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Zip 33315-1846	Country	Zip 33305	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MANNING, KELLY J
2213 SW 19TH AVE
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, KELLY 2215 SW 12TH AVE FORT LAUDERDALE FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROPPRECHR, PAT 1835 SW 12TH AVE FT. LAUDERDALE FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUPRECHT, ATEVE 1835 S.W. 12TH AVE FT. LAUDERDALE FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYK, DENNIS 934 SW 18TH CT FT LAUDEERDALE FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, KELLY 2213 SW 19 AV FT LAUDERDALE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYK, DENNIS 934 SW 18 CT FT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUPRECHT, STEVE 1835 SW 12 AV FT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STACY, RUTH 1833 SW 23 ST FT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly J Manning **REQUIRED** Date: 3/12/01 Daytime Phone #: 954 587-8400

CR2E037 (10/00)