2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
Aug 29, 2008 8:00 am
Secretary of State
04-24-2008 90113 040 ****61.25

DOCUMENT # N03000006300

1. Entity Name
RIVER OAK AT PONTE VEDRA BEACH HOMEOWNERS ASSOCIATION, INC.

66016165

Principal Place of Business	Mailing Address
11512 LAKE MEAD AVENUE SUITE 405 JACKSONVILLE, FL 32256	7643 GATE PARKWAY SUITE 104 PMB 188 JACKSONVILLE, FL 32256

04102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3768614 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KUESTER~~ KIM 11512 LAKE MEAD AVENUE SUITE 405 JACKSONVILLE, FL 32256	Name: Balaskiewicz 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kim Bz Kim Balaskiewicz Property Mgr. 4-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARTLETT, BARON L 135 PROFESSIONAL DR., SUITE 101 PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Norma Rea 7643 Gate Parkway, Suite 104 PMB 188 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KUESTER, KEN 135 PROFESSIONAL DR., SUITE 101 PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Mark Collins 7643 Gate Parkway, Suite 104 PMB 188 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HIERS, CHUCK 135 PROFFESIONAL DR., SUITE 101 PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jack Sumner 7643 Gate Parkway, Suite 104 PMB 188 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S John Veal 7643 Gate Parkway, Suite 104 PMB 188 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kim Bz Prop Mgr. Kim Balaskiewicz 4-10-08 904-641-1858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #