

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004855

Entity Name: RIVER OAKS RESERVE, PHASE 2 HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 26, 2024
Secretary of State
5511883191CC

Current Principal Place of Business:

C/O OSMS
PO BOX 915103
LONGWOOD, FL 32791

Current Mailing Address:

C/O OSMS
PO BOX 915103
LONGWOOD, FL 32791 US

FEI Number: 26-4047450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ONE SOURCE MANAGEMENT SOLUTIONS, INC.
235 N. HUNT CLUB BLVD.
SUITE 101
LONGWOOD, FL 32779 US

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: BRENDA ROZANC

04/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MOORHEAD, SANDRA
Address C/O OSMS
 PO BOX 915103
City-State-Zip: LONGWOOD FL 32791

Title TREASURER
Name SUMNER, JENNIFER
Address C/O OSMS
 PO BOX 915103
City-State-Zip: LONGWOOD FL 32791

Title SECRETARY
Name CAPP, LAURA
Address C/O OSMS
 PO BOX 915103
City-State-Zip: LONGWOOD FL 32791

Title VP
Name PAYTON, DONALD
Address C/O OSMS
 PO BOX 915103
City-State-Zip: LONGWOOD FL 32791

Title DIRECTOR
Name DRUMMER, ADAM
Address C/O OSMS
 PO BOX 915103
City-State-Zip: LONGWOOD FL 32791

Title DIRECTOR
Name RUTHERFORD, JAMES
Address C/O OSMS
 PO BOX 915103
City-State-Zip: LONGWOOD FL 32791

Title DIRECTOR
Name STREMBECKI, ROBERT
Address C/O OSMS
 PO BOX 915103
City-State-Zip: LONGWOOD FL 32791

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD PAYTON

VP

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date