

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004855

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

**FILED**  
**Mar 09, 2022**  
**Secretary of State**  
**0544194648CC**

**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**

**03/09/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
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

*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: JENNIFER SUMNER**

**CHAIRMAN**

**03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date