

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004855

Entity Name: RIVER OAKS RESERVE, PHASE 2 HOMEOWNERS' ASSOCIATION, INC.**FILED**
Feb 01, 2021
Secretary of State
7253239391CC**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****02/01/2021**

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** VICE PRESIDENT
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** SECRETARY
Name GIRARD, TERRI
Address C/O OSMS
PO BOX 915103
City-State-Zip: LONGWOOD FL 32791**Title** DIRECTOR
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: SANDRA MOORHEAD**PRESIDENT****02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date