## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004855

Entity Name: RIVER OAKS RESERVE, PHASE 2 HOMEOWNERS'

ASSOCIATION, INC.

## **Current Principal Place of Business:**

225 S WESTMONTE DR **SUITE 3310** ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

PO BOX 162147 ALTAMONTE SPRINGS, FL 32716

FEI Number: 26-4047450 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S WESTMONTE DR **SUITE 3310** ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent

Officer/Director Detail:

**TREASURER** Title Title **SECRETARY** Name MINOR, DONNA Name GIRARD, TERRI Address PO BOX 162147 Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VΡ Title **PRESIDENT** 

Name ANFREWS, DAN Name LANE, TOM PO BOX 162147 Address Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title **DIRECTOR** Name WEBB, HARRY Address PO BOX 162147

ALTAMONTE SPRINGS FL 32716 City-State-Zip:

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.

04/25/2014 SIGNATURE: TOM LANE **PRESIDENT** 

Date

**FILED** Apr 25, 2014

**Secretary of State** 

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