

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47233

Entity Name: RIVER OAKS COMMUNITY SERVICES ASSOCIATION, INC.**Current Principal Place of Business:**640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750**Current Mailing Address:**640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750 US**FEI Number:** 59-3107906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO AND ASSOCIATES
640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750 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:** MICHAEL L BONO

06/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TREICHLER, MAUREEN
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name CASLOW, COREY
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name VILLANI, MATT
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name MALINOWSKI, DAVID
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name HAYWARD, HENRY
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

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: MAUREEN TREICHLER

PRESIDENT

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date