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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715001

1. Corporation Name
RIVER OAKS COMMUNITY ASSOCIATION, INC.

530141 - 90087 - 9

Principal Place of Business	Mailing Address
5205 S. ORANGE AVENUE ORLANDO FL 32809	5205 S. ORANGE AVENUE ORLANDO FL 32809

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 07/25/1968 4. FEI Number 59-2030685 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLOVER, CHRISTOPHER F 364 HARBOUR ISLAND ROAD ORLANDO FL 32809	81 Name: Frank Harrison 82 Street Address (P.O. Box Number is Not Acceptable): 508 Harbour Island Rd 83 84 City: Orlando FL 85 Zip Code: 32809

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Frank D. Harrison — Signature, typed or printed name of registered agent and title if applicable.
Frank D. Harrison — (NOTE: Registered Agent signature required when reinstating)
DATE: 4/29/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMIESON, JAMINE 492 HARBOUR ISLAND RD. ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Frank D. Harrison 508 Harbour Is. Rd Orlando, Fl. 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAGE, NITA 476 HARBOUR ISLAND RD. ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V Darrell Green 5122 Leeward Way Orlando, Fl 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIGLER, ROXANNA 5004 THE OAKS CIRCLE ORLANDO FL 32809	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	T Michelle Moon 5133 The Oaks Cir. Orlando, Fl 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMER, FORREST 412 HARBOUR ISLAND RD ORLANDO FL 32809	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREEN, DARRELL 5122 LEEWARD WAY ORLANDO FL 32809	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Carol Schaeffer 5101 The Oaks Cir D Orlando, Fl. 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLOVER, CHRISTOPHER 364 HARBOUR ISLAND ROAD ORLANDO FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank D. Harrison SIGNATURE REQUIRED — 4/29/99 — 407-855-8077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)