2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715001

1. Entity Name

RIVER OAKS COMMUNITY ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90049 002 ****61.25

Principal Place of Business	Mailing Address
5205 S. ORANGE AVENUE ORLANDO FL 32809	5205 S. ORANGE AVENUE ORLANDO FL 32809-3068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2030685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRISON, FRANK 508 HARBOUR ISLAND RD. ORLANDO FL 32809	Name CHRISTOPHER F. GLOVER Street Address (P.O. Box Number is Not Acceptable) 3644 HARBOUR ISLAND ROAD City ORLANDO FL Zip Code 32809

8. 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 Christopher F Glover 2/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRISON, FRANK D 508 HARBOR IS RD ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHRISTOPHER F. GLOVER 3644 HARBOUR ISLAND ROAD ORLANDO, FL. 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAGE, NETA 476 HARBOUR ISLAND RD. ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAROL SHEAFFER 5101 THE OAKS CIRCLE ORLANDO, FL. 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIGLER, ROXANNA 5004 THE OAKS CIRCLE ORLANDO FL 32809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRANK HARRISON 508 HARBOUR ISLAND ROAD ORLANDO, FL. 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMER, FORREST 412 HARBOUR ISLAND RD ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORREST SUMMER 412 HARBOUR ISLAND ROAD ORLANDO, FL. 32809	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GREEN, DARRELL 5122 LEEWARD WAY ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DARRELL GREEN 5122 LEEWARD WAY ORLANDO, FL. 32809	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLOVER, CHRISTOPHER 364 HARBOUR ISLAND ROAD ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michelle MOON 5133 THE OAKS CIRCLE ORLANDO, FL. 32809	☑ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

407-857-2138

SIGNATURE: SIGNATURE REQUIRED Brenda J Copel Treasurer 2-17-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #