

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715001

FILED  
Mar 04, 2008  
Secretary of State

**Entity Name:** RIVER OAKS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5205 S. ORANGE AVENUE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

5205 S. ORANGE AVENUE  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 59-2030685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROCHEFORD, CHAD A TREASUR  
428 HARBOUR ISLAND RD  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CRISLER, PHILLIP L  
Address: 348 HARBOUR ISLAND RD  
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete  
Name: MUNOZ, DANIEL  
Address: 444 HARBOUR ISLAND RD  
City-St-Zip: ORLANDO, FL 32809

Title: TD ( ) Delete  
Name: ROCHEFORD, CHAD A  
Address: 428 HARBOUR ISLAND RD  
City-St-Zip: ORLANDO, FL 32809

Title: SD ( ) Delete  
Name: CRISLER, DARLENE  
Address: 348 HARBOUR ISLAND RD.  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: SIGLER, ROXANNE  
Address: 5004 THE OAKS CR.  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: JOINER, NANCY  
Address: 5092 LEEWARD WAY  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHAD ROCHEFORD

MR,

03/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date