

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715001

FILED
Feb 21, 2011
Secretary of State

Entity Name: RIVER OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5205 S. ORANGE AVENUE
BOX 19
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
Name: CRISLER, PHILLIP L
Address: 348 HARBOUR ISLAND RD
City-St-Zip: ORLANDO, FL 32809

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

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

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

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

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

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: CHAD ROCHEFORD

TREA

02/21/2011

Electronic Signature of Signing Officer or Director

Date