## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#715001** 

FILED Feb 14, 2012 Secretary of State

Entity Name: RIVER OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5205 S. ORANGE AVENUE BOX 19

ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

5205 S. ORANGE AVENUE 5205 S. ORANGE AVENUE ORLANDO, FL 32809 BOX 19 ORLANDO, FL 32809

FEI Number: 59-2030685 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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: VF

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:

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

Title: [

 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 02/14/2012