2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2008 8:00 am
Secretary of State
04-30-2008 90160 049 ****61.25

DOCUMENT # 743092

1. Entity Name

RIVER OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
165 SHARWOOD DRIVE NAPLES FL 34110 US	165 SHARWOOD DRIVE NAPLES FL 34110 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2812378 ☐ 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
ARROWSMITH, SARA 165 SHARWOOD DRIVE NAPLES FL 34110	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

*Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reinstating.)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, TOM 182 FORESTWOOD DRIVE NAPLES FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nancy Crosby 150 Forestwood Dr. Naples, FL. 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALGER, DAVID 300 SHARWOOD DR NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHANDLER, LYNN 331 SHARWOOD DR NAPLES FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ARROWSMITH, SARA 165 SHARWOOD DRIVE NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YATES, CAROL 188 SHARWOOD DR NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWEATLOCK, KAREN 223 SHARWOOD DR. NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. Sara Arrowsmith Treasurer

SIGNATURE: Sara Arrowsmith 4/2/08 239-594-9671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #