

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743092

FILED
Apr 05, 2009
Secretary of State

Entity Name: RIVER OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

165 SHARWOOD DRIVE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

165 SHARWOOD DRIVE
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-2812378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARROWSMITH, SARA
165 SHARWOOD DRIVE
NAPLES, FL 34110 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: D () Delete
Name: CROSBY, NANCY
Address: 150 FORESTWOOD DRIVE
City-St-Zip: NAPLES, FL 34110

Title: P () Delete
Name: ALGER, DAVID
Address: 300 SHARWOOD DR
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: ARROWSMITH, SARA
Address: 165 SHARWOOD DRIVE
City-St-Zip: NAPLES, FL 34110

Title: V () Delete
Name: YATES, CAROL
Address: 188 SHARWOOD DR
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: SWEATLOCK, KAREN
Address: 223 SHARWOOD DR.
City-St-Zip: NAPLES, FL 34110

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:

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: SARA ARROWSMITH

T

04/05/2009

Electronic Signature of Signing Officer or Director

Date