

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749255

FILED  
Jan 27, 2011  
Secretary of State

Entity Name: RIVER OAKS CONDOMINIUM I ASSOCIATION, INC.

## Current Principal Place of Business:

3750 GUNN HIGHWAY  
SUITE 109  
TAMPA, FL 33618 US

## New Principal Place of Business:

11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618 US

## Current Mailing Address:

3750 GUNN HIGHWAY  
SUITE 109  
TAMPA, FL 33618 US

## New Mailing Address:

11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618 US

FEI Number: 59-2097208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VIDE, AVELINO  
3750 GUNN HIGHWAY  
SUITE 109  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

VIDE, AVELINO III  
11015 N DALE MABRY  
SUITE A  
TAMPA, FL 33618 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: AVELINO VIDE

01/27/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: LILGA, ROBERT  
Address: 11015 N DALE MABRY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: LAURIA DAVIS, MARIAN  
Address: 11015 N DALE MABRY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: SEC  
Name: RINCK, CHRISTIE  
Address: 11015 N DALE MABRY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: TRES  
Name: BROWN, PHYLLIS  
Address: 11015 N DALE MABRY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: MCINTYRE, CORLIS  
Address: 11015 N DALE MABRY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: MARCINIAK, GERALDINE  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

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: ROBERT LILGA

PRES

01/27/2011

Electronic Signature of Signing Officer or Director

Date