

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749872 (8)**  
 Corporation Name  
**RIVER OAKS RECREATION ASSOCIATION, INC.**



Principal Place of Business % UNIVERSITY PROPERTIES, INC. 824 E. FLETCHER AVENUE TAMPA FL 33612	Mailing Address % UNIVERSITY PROPERTIES, INC. 824 E. FLETCHER AVENUE TAMPA FL 33612
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3. Date Incorporated or Qualified <b>11/21/1979</b>	
4. FEI Number <b>59-2182237</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>7628 N. 56TH STREET</b> Suite, Apt. #, etc. 22 <b>SUITE 8</b> City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33617</b>	2a. Mailing Address 26 <b>7628 N. 56TH STREET</b> Suite, Apt. #, etc. 27 <b>SUITE 8</b> City & State 28 <b>TAMPA, FL</b> Zip 29 <b>33617</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LERNER, PATRICIA LEIB</b> <b>606 MADISON</b> <b>STE. 2001</b> <b>TAMPA FL 33602</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <input checked="" type="checkbox"/> DELETE <b>RILEY, RICHARD</b> <b>5108 PURITAN CR</b> <b>TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>HARPER, JIM</b> <b>3526 SADDLEBACK LN</b> <b>LUTZ FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> DELETE <b>ANTHONY, GREG</b> <b>5026 PURITAN CR</b> <b>TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input checked="" type="checkbox"/> DELETE <b>KRAMER, GAIL</b> <b>4821 PURITAN CR</b> <b>TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>STOKES, RUSSELL</b> <b>145-44 AVE</b> <b>ST PETE BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> DELETE <b>MILFORD, LINDA</b> <b>5138 PURITAN CR</b> <b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD</b> <b>SUMNERALL, JAMES</b> <b>4929 PURITAN CIRCLE</b> <b>TAMPA, FL 33617</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>BAILEY, CHARLOTE</b> <b>7861 NIAGARA AVE</b> <b>TAMPA, FL 33617</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>HARDY, GAIL</b> <b>4821 PURITAN CIRCLE</b> <b>TAMPA, FL 33617</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>RITTENBERRY, KATHY</b> <b>5137 PURITAN CIRCLE</b> <b>TAMPA, FL 33617</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>MEYER, TONI</b> <b>7837 NIAGARA AVE</b> <b>TAMPA, FL 33617</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Mortham GAIL HARDY 4-13-98 813-987-2729

CR2E037 (10/97)