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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749872

1. Corporation Name

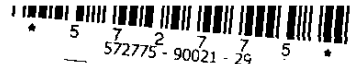
RIVER OAKS RECREATION ASSOCIATION, INC.

Principal Place of Business

7628 N 56TH ST  
8  
TAMPA FL 33617  
US

Mailing Address

7628 N 56TH ST  
8  
TAMPA FL 33617  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
11/21/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For  
Not Applicable

-59-2182237-

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERNER, PATRICIA LEIB  
606 MADISON  
STE. 2001  
TAMPA FL 33602

81 Name WILLIAM C SPIVEY  
82 Street Address (P.O. Box Number is Not Acceptable) 7628 N 56TH STREET  
83 SUITE 8  
84 City TAMPA FL 85 Zip Code 33617

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME SUMMERALL, JAMES  
STREET ADDRESS 4929 PURITAN CIR  
CITY-ST-ZIP TAMPA FL 33617

1.1 TITLE D  
1.2 NAME SUMMERALL, JAMES  
1.3 STREET ADDRESS 4929 PURITAN CIR  
1.4 CITY-ST-ZIP TAMPA, FL 33617

TITLE SD  
NAME BAILEY, CHARLOTTE  
STREET ADDRESS 7861 NIAGARA AVE  
CITY-ST-ZIP TAMPA FL 33617

2.1 TITLE VD  
2.2 NAME RYAN, JOE  
2.3 STREET ADDRESS 7823 NIAGARA AVE  
2.4 CITY-ST-ZIP TAMPA, FL 33617

TITLE DP  
NAME ANTHONY, GREG  
STREET ADDRESS 5026 PURITAN CR  
CITY-ST-ZIP TAMPA FL

3.1 TITLE PD  
3.2 NAME SILVER, TOM  
3.3 STREET ADDRESS 5016 PURITAN CIR  
3.4 CITY-ST-ZIP TAMPA, FL 33617

TITLE D  
NAME RITTENBERRY, KATHY  
STREET ADDRESS 5137 PURITAN CIR  
CITY-ST-ZIP TAMPA FL 33617

4.1 TITLE TD  
4.2 NAME HARDY, GAIL  
4.3 STREET ADDRESS 4821 PURITAN CIR  
4.4 CITY-ST-ZIP TAMPA, FL 33617

TITLE D  
NAME STOKES, RUSSELL  
STREET ADDRESS 145-44 AVE  
CITY-ST-ZIP ST PETE BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MEYER, TONI  
STREET ADDRESS 7837 NIAGARA AVE  
CITY-ST-ZIP TAMPA FL 33617

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William C Spivey*  
President

6-4-99 813-989-3766

Date

Daytime Phone #

CR2E037 (11/98)