2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# 749872

Entity Name: RIVER OAKS RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2182237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIDE, AVELINO III
11015 N DALE MABRY HWY
SUITE A
TAMPA, FL 33618 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: P
Name: LILGA, ROBERT
Address: 11015 N DALE MABRY HWY SUITE A
City-St-Zip: TAMPA, FL 33618

Title: VP
Name: ROBARD, JAMES
Address: 11015 N DALE MABRY HWY SUITE A
City-St-Zip: TAMPA, FL 33618

Title: S
Name: JONES, GARY
Address: 11015 N DALE MABRY HWY SUITE A
City-St-Zip: TAMPA, FL 33618

Title: T
Name: ROSS, MINNIE
Address: 11015 N DALE MABRY HWY SUITE A
City-St-Zip: TAMPA, FL 33618

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

Title: D
Name: RINCK, CHRISTIE DR
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 LIGLA PRES 03/20/2012

Electronic Signature of Signing Officer or Director — Date