


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 027 ****61.25

DOCUMENT # 750797	
1. Entity Name RIVER OAK ACRES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 13525 SW 144 PKWY OKEECHOBEE, FL 34974	Mailing Address 13525 SW 144 PKWY OKEECHOBEE, FL 34974
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2. Principal Place of Business - No P.O. Box # 13176 S.W. 144 PKWY	3. Mailing Address 13176 S.W. 144 PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Okeechobee, FL	City & State Okeechobee, FL
Zip 34974	Country USA

6. Name and Address of Current Registered Agent HOLDEN, JANET K 13530 SW 144TH PARKWAY OKEECHOBEE, FL 34974	
7. Name and Address of New Registered Agent Name KAREN DEHAYS Street Address (P.O. Box Number is Not Acceptable) 13176 S.W. 144th PKWY. City Okeechobee FL Zip Code 34974	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karen Dehays DATE 2/05/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORT, DARWIN 13849 SW 144TH PKWY OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENTON, CLAUDET 13445 SW 144TH PKWY OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEHAYS, KAREN 13176 S.W. 144th Parkway Okeechobee, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANNER, RONALD POST OFFICE BOX 236 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14097 S.W. 144th PKWY. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, DAVE 13112 SW 16TH DR OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, LARRY 14181 S.W. 144th PKWY. Okeechobee, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, VERNON 13428 SW 16TH DR OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, FRANK 13588 SW 16TH DR OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 13418 S.W. 144th PKWY. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Dehays DATE 2/05/2007 (863) 467-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #