2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90090 025 ****61.25

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1. Entity Name
RIVER OAKS EAST PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1103 EAST RIVER OAKS INDIALANTIC, FL 32903 US	P.O. BOX 033193 INDIALANTIC, FL 32903-0193 US

03082006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1091 East River Oaks	PO Box 033193
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indialantic FL	City & State: Indialantic FL
Zip: 32903 Country: USA	Zip: 32903 Country: USA

4. FEI Number 59-2167628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POPE, BRENDA 491 SOUTH RIVER OAKS DRIVE INDIALANTIC, FL 32903	Name: M. Lucille Castriotta Street Address (P.O. Box Number is Not Acceptable): 499 North River Oaks Drive City: Indialantic FL Zip Code: 32903

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: M. Lucille Castriotta TREASURER 3-11-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
M. LUCILLE CASTRIOTTA

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMON, RICK 1103 EAST RIVER OAKS DRIVE INDIALANTIC, FL 32903	☑ Delete	TITLE P NAME Klingler Sean STREET ADDRESS 1091 East River Oaks Drive CITY-ST-ZIP Indialantic, FL 32903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KLINGLER, SEAN 1091 EAST RIVER OAKS DR INDIALANTIC, FL 32903	☑ Delete	TITLE VP NAME William Pope STREET ADDRESS 491 South River Oaks Drive CITY-ST-ZIP Indialantic, FL 32903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LO, ANNA 469 SOUTH RIVER OAKS DRIVE INDIALANTIC, FL 32903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POPE, BRENDA 491 SOUTH RIVER OAKS DRIVE INDIALANTIC, FL 32903	☑ Delete	TITLE T NAME Lucille Castriotta STREET ADDRESS 499 North River Oaks Drive CITY-ST-ZIP Indialantic, FL 32903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVINGSTON, BOB 1020 E RIVER OAKS DRIVE INDIALANTIC, FL 32903	☑ Delete	TITLE D NAME Timothy Switzer STREET ADDRESS 495 North River Oaks Dr. CITY-ST-ZIP Indialantic, FL 32903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHABOWSKY, LYNN 1092 E RIVER OAKS DR. INDIALANTIC, FL 32903	☑ Delete	TITLE D NAME John WYPCH STREET ADDRESS 1055 East River Oaks Drive CITY-ST-ZIP Indialantic, FL 32903	☑ Change ☐ 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: William Pope 3/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #