


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90022 027 ****61.25

DOCUMENT # 752216 1. Entity Name RIVER OAKS EAST PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1091 EAST RIVER OAKS INDIALANTIC, FL 32903 US	Mailing Address PO BOX 33193 INDIALANTIC, FL 32903 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>P.O. Box 33533</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <i>Indialantic FL</i>	City & State
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Zip <i>32903</i>	Country <i>Brevard</i>
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40036248



03082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2167628	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTRIOTTA, LUCILLE M 499 NORTH RIVER OAKS DR INDIALANTIC, FL 32903	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P KLINGER, SEAN 1091 EAST RIVER OAKS DR INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP POPE, WILLIAM 491 SOUTH RIVER OAKS DR INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S LO, ANNA 469 SOUTH RIVER OAKS DRIVE INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
T CASTRIOTTA, LUCILLE 499 NORTH RIVER OAKS DR INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D SWITZER, TIMOTHY 495 NORTH RIVER OAKS DR INDIALANTIC, FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D WYPCH, JOHN 1055 EAST RIVER OAKS DR INDIALANTIC, FL 32903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LAWRENCE, Kari 494 N. RIVER OAKS DR INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SCHABOWSKY, Tom 1092 E RIVER OAKS DR. INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input checked="" 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: *M. Lucille Castriotta* 3-13-07 321-724-2286
M. LUCILLE CASTRIOTTA
Date Daytime Phone #