


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90022 003 ****61.25

DOCUMENT # 752216	
1. Entity Name RIVER OAKS EAST PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1091 EAST RIVER OAKS INDIALANTIC, FL 32903 US	Mailing Address PO BOX 33533 INDIALANTIC, FL 32903 US
---	---

40048391



2. Principal Place of Business - No P.O. Box # 1092 E RIVER OAKS DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State INDIALANTIC, FL	City & State
Zip 32903	Country Brerard

03022008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent CASTRIOTTA, LUCILLE M 499 NORTH RIVER OAKS DR INDIALANTIC, FL 32903	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

4. FEI Number
59-2167628

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

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, 2008	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
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINGER, SEAN 1091 EAST RIVER OAKS DR INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNNE SCHABOWSKY 1092 E RIVER OAKS DR INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, KARI 494 N. RIVER OAKS DR. INDIALANTIC, FL 32903 <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	S LO, ANNA 469 SOUTH RIVER OAKS DRIVE INDIALANTIC, FL 32903 <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 CASTRIOTTA, LUCILLE 499 NORTH RIVER OAKS DR INDIALANTIC, FL 32903 <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 SCHABOWSKY, TOM 1092 E. RIVER OAKS DR. INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BREND A POPE 491 S. RIVER OAK DR INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYPCH, JOHN 1055 EAST RIVER OAKS DR INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JARROD STOLDT 115 E RIVER OAKS DR INDIALANTIC, FL 32903 <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: M. Lucille Castriotta 3-13-08 321-724-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #