## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT #752216** 

## **FILED** Mar 18, 2008 8:00 am Secretary of State 03-18-2008 90022 003 \*\*\*\*61.25

RIVER OAKS EAST PROPERTY OWNERS' ASSOCIATION, INC.							
Principal Place of Business 1091 EAST RIVER OAKS 1091 EAST RIVER OAKS 1NDIALANTIC, FL 32903 US 1NDIALANTIC, FL 32903 US				0048391 	1). BIBIL BIBIN BIBIN BIBIN BIBIL BIBI	NA ALIAN	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1092 E KIV & ROAKS DC			dress				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0302200	08 Chg-NP	CR2E037 (12/06)	
City & State  IndIALANTIC, FL		City & State		4, FEI Nu 59-2	mber 167628	<del></del>	plied For t Applicable
zip 32903 BrerArd		Zip	Country		ate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current R	legistered Agent		7. Name	and Address of New I	Registered Agent	
CASTRIOT	TA LUCILLE M		Name				
CASTRIOTTA, LUCILLE M 499 NORTH RIVER OAKS DR INDIALANTIC, FL 32903			Street Address		mber is Not Acceptab	le)	
:			City			FL Zip Code	e
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.				
	<del>-</del>			□ \$5.00 M Added to F	a, ac ;	Make check payable to orida Department of Si	
10.	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund C		Added to F	ees Flo		tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund C	11. TITLE NAME	Added to F  ADDITIONS  Lynne 1092 E	SCARBORRO	ERS AND DIRECTORS IN  WSKYD r	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008  OFFICERS AND DIR  P KLINGER, SEAN 1091 EAST RIVER OAKS DR INDIALANTIC, FL 32903 VP	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to F  ADDITIONS  Lynne 1092 E	CHANGES TO OFFIC	ERS AND DIRECTORS IN  WSKYD r	l 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008  OFFICERS AND DIR  P KLINGER, SEAN 1091 EAST RIVER OAKS DR INDIALANTIC, FL 32903  VP LAWRENCE, KARI	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to F  ADDITIONS  Lynne 1092 E	SCARBORRO	Prida Department of Single RS AND DIRECTORS IN Change ARS Yor 1 3 290 3	I 10 Addition
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP	P KLINGER, SEAN 1091 EAST RIVER OAKS DR INDIALANTIC, FL 32903 VP LAWRENCE, KARI 494 N. RIVER OAKS DR. INDIALANTIC, FL 32903 S LO, ANNA 469 SOUTH RIVER OAKS DRIVE INDIALANTIC, FL 32903 T CASTRIOTTA, LUCILLE 499 NORTH RIVER OAKS DR INDIALANTIC, FL 32903 D SCHABOWSKKY, TOM 1092 E. RIVER OAKS DR. INDIALANTIC, FL 32903 D	Trust Fund C  ECTORS  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Deenda 4915 F Indian	POPEROA ANTIC, F  STOLLT  FIGURES  FILE  F	Change	Addition  Addition  Addition

12. i nereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone •

321-724-2286 Daytime Phone #