

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752216

FILED  
Jan 23, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1092 E. RIVER OAKS DR  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 33533  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

**FEI Number:** 59-2167628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTRIOTTA, M.LUCILLE T  
499 NORTH RIVER OAKS DR  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** STOLDT, JARROD  
**Address:** 1115 EAST RIVER OAKS DR  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** VP  
**Name:** SCHABOWSKI, LYNNE  
**Address:** 1092 EAST RIVER OAKS DR.  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** S  
**Name:** KLINGLER, SUSAN  
**Address:** 1091 EAST RIVER OAKS DRIVE  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** T  
**Name:** CASTRIOTTA, M. LUCILLE T  
**Address:** 499 NORTH RIVER OAKS DR  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** D  
**Name:** POPE, LARRY  
**Address:** 491 SOUTH RIVER OAK DR  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** D  
**Name:** SIMONI, RICK  
**Address:** 1103 EAST RIVER OAKS DR  
**City-St-Zip:** INDIALANTIC, FL 32903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** M. LUCILLE CASTRIOTTA

TREA

01/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date