

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754351 (5)

1. Corporation Name

RIVER OAKS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business: 511 S RIVER OAKS DR INDIALANTIC FL 32903
Mailing Address: 511 S RIVER OAKS DR INDIALANTIC FL 32903

3. Date Incorporated or Qualified: 09/25/1980
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-2950692
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
STOCKSTILL, LOUIS
511 S RIVER OAK DR
INDIALANTIC, FL
32903

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKSTILL, LOUIS	1.2 NAME	
STREET ADDRESS	511 S RIVER OAKS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 00000	1.4 CITY-ST-ZIP	92903
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYIKIAN, HYKO	2.2 NAME	
STREET ADDRESS	510 S RIVER OAKS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 00000	2.4 CITY-ST-ZIP	32903
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALZMAN, LEONARD	3.2 NAME	DST
STREET ADDRESS	508 N. RIVER OAKS DR.	3.3 STREET ADDRESS	SMITH, EMILY
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	512 S. RIVER OAKS DR
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREUZKAMP, PAUL	4.2 NAME	D
STREET ADDRESS	516 W RIVER OAKS DR	4.3 STREET ADDRESS	ALMOND, LEE
CITY-ST-ZIP	INDIALANTIC, FL 00000	4.4 CITY-ST-ZIP	502 S. RIVER OAKS DRIVE
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTEN, THOMAS	5.2 NAME	
STREET ADDRESS	507 S. RIVER OAKS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 00000	5.4 CITY-ST-ZIP	32903
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREARY, RICHARD	6.2 NAME	
STREET ADDRESS	507 N RIVER OAKS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 00000	6.4 CITY-ST-ZIP	32903

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Otten, DIRECTOR 3/9/96 (407) 725-0793
THOMAS OTTEN
Date Daytime Phone #

CFR2E037 (12/95)