

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754351 (5)**  
 1. Corporation Name  
**RIVER OAKS IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business <b>511 S RIVER OAKS DR INDIALANTIC FL 32903</b>	Mailing Address <b>511 S RIVER OAKS DR INDIALANTIC FL 32903</b>
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3. Date Incorporated or Qualified  
**09/25/1980**

4. FEI Number  
**59-2950692**

Applied For  
 Yes  Not Applicable

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

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOCKSTILL, LOUIS</b>	1.2 NAME	
STREET ADDRESS	<b>511 S RIVER OAKS DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAYKIAN, HYKO</b>	2.2 NAME	
STREET ADDRESS	<b>510 S RIVER OAKS DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, EMILY</b>	3.2 NAME	
STREET ADDRESS	<b>512 S RIVER OAKS DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALMOND, LEE</b>	4.2 NAME	
STREET ADDRESS	<b>502 S RIVERWORKS DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTTEN, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>507 S. RIVER OAKS DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALKMAN, EUGENE</b>	6.2 NAME	
STREET ADDRESS	<b>508 NORTH RIVEROAKS DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **THOMAS OTTEN** **4/29/98** **407-451-3630**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018449

CR2E037 (10/97)