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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754351

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

09/25/1980

4. FEI Number

59-2950692

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME STOCKSTILL, LOUIS
 STREET ADDRESS 511 S RIVER OAKS DR
 CITY-ST-ZIP INDIALANTIC, FL 00000

TITLE D DELETE
 NAME GAYIKIAN, HYKO
 STREET ADDRESS 510 S RIVER OAKS DR
 CITY-ST-ZIP INDIALANTIC, FL 00000

TITLE DST DELETE
 NAME SMITH, EMILY
 STREET ADDRESS 512 S RIVER OAKS DR
 CITY-ST-ZIP INDIALANTIC FL

TITLE D DELETE
 NAME ALMOND, LEE
 STREET ADDRESS 502 S RIVERWORKS DRIVE
 CITY-ST-ZIP INDIALANTIC FL

TITLE D DELETE
 NAME OTTEN, THOMAS
 STREET ADDRESS 507 S. RIVER OAKS DR.
 CITY-ST-ZIP INDIALANTIC, FL 00000

TITLE D DELETE
 NAME KALKMAN, EUGENE
 STREET ADDRESS 508 NORTH RIVEROAKS DR.
 CITY-ST-ZIP INDIALANTIC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME DST BEATHY, ROBERT
 3.3 STREET ADDRESS 502 N. RIVER OAKS DR.
 3.4 CITY-ST-ZIP INDIALANTIC, FL 32903

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME PRESIDENT GATES, CHRIS
 6.3 STREET ADDRESS 506 N RIVER OAKS DR.
 6.4 CITY-ST-ZIP INDIALANTIC, FL 32903

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, with all other like empowered.

SIGNATURE:

Thomas Otten
 THOMAS OTTEN

3/23/99 407-951-3630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)