

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90006 016 ****61.25

DOCUMENT # 754351
 1. Entity 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
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152485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2950692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STOCKSTILL, LOUIS
511 S RIVER OAK DR
INDIALANTIC, FL
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

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

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKSTILL, LOUIS	
STREET ADDRESS	511 S RIVER OAKS DR	
CITY-ST-ZIP	INDIALANTIC, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAYIKIAN, HYKO	
STREET ADDRESS	510 S RIVER OAKS DR	
CITY-ST-ZIP	INDIALANTIC, FL 00000	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BEATTY, ROBERT	
STREET ADDRESS	502 N RIVER OAKS DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALMOND, LEE	
STREET ADDRESS	502 S RIVERWORKS DRIVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTTEN, THOMAS	
STREET ADDRESS	507 S. RIVER OAKS DR.	
CITY-ST-ZIP	INDIALANTIC, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	GATES, CHRIS	
STREET ADDRESS	508 NORTH RIVEROAKS DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 of Thomas Otten* **THOMAS OTTEN** 3/15/01 321-951-3630
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)