

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90147 042 \*\*\*\*61.25

**DOCUMENT # 754351**

1. Entity Name

**RIVER OAKS IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**511 S RIVER OAKS DR  
 INDIALANTIC FL 32903**

**511 S RIVER OAKS DR  
 INDIALANTIC FL 32903**

2. Principal Place of Business

**507 S. RIVER OAKS DR.**

3. Mailing Address

**507 S. RIVER OAKS DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**INDIALANTIC, FL**

City & State

**INDIALANTIC, FL**

4. FEI Number

**59-2950692**

Applied For

Not Applicable

Zip

**32903**

Country

**USA**

Zip

**32903**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**OTTEN, THOMAS**

Street Address (P.O. Box Number is Not Acceptable)

**507 S. RIVER OAKS DR.**

City

**INDIALANTIC**

**FL**

Zip Code

**32903**

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

*Thomas Otten*

**4/27/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARRAR, JACK</b>	
STREET ADDRESS	<b>514 S. RIVER OAKS DR.</b>	
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAVAGLIO, FRANK</b>	
STREET ADDRESS	<b>507 N. RIVER OAKS DR.</b>	
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIXON, DARYL</b>	
STREET ADDRESS	<b>506 S. RIVER OAKS DR.</b>	
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEWART, SANDIE</b>	
STREET ADDRESS	<b>513 N. RIVER OAKS DR</b>	
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>	

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 a address, with all other like empowered.

SIGNATURE:

*Thomas Otten* **THOMAS OTTEN**

**4/27/02**

**321-951-3630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)