

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90034 040 \*\*\*\*61.25

66400340



MOORE CR2E037 (11/03)

|   |                      |  |  |   |                                   |
|---|----------------------|--|--|---|-----------------------------------|
| <b>DOCUMENT # 754351</b>  |                      |  |  |  |                                   |
| 1. Entity Name<br>RIVER OAKS IMPROVEMENT ASSOCIATION, INC.  |                      |  |  |   |                                   |
| Principal Place of Business<br>507 S RIVER OAKS DR<br>INDIALANTIC FL 32903  |                      |  | Mailing Address<br>507 S RIVER OAKS DR<br>INDIALANTIC FL 32903 |   |                                   |
| 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<br>59-2950692   | Applied For<br>Not Applicable     |
| 6. Name and Address of Current Registered Agent<br>OTTEN, THOMAS<br>507 S RIVER OAKS DR<br>INDIALANTIC FL 32903   |                      |  | 7. Name and Address of New Registered Agent                    |   |                                   |
| Name  |                      |  | Name   |   |                                   |
| Street Address (P.O. Box Number is Not Acceptable)  |                      |  | Street Address (P.O. Box Number is Not Acceptable)             |   |                                   |
| City  |                      |  | 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. I am familiar with, and accept the obligations of registered agent.   |                      |  |  |   |                                   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                      |  |  |   |                                   |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>  |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |                                   |
|   |                      |  |  | <b>Make Check Payable to Florida Department of State</b>                          |                                   |
| 10. OFFICERS AND DIRECTORS  |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10          |   |                                   |
| TITLE   | PD                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | FARRAR, JACK         |  | NAME   |   |                                   |
| STREET ADDRESS  | 514 S RIVER OAKS DR  |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | INDIALANTIC FL 32903 |  | CITY-ST-ZIP  |   |                                   |
| TITLE   | VD                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | LAVAGLIO, FRANK      |  | NAME   |   |                                   |
| STREET ADDRESS  | 507 S RIVER OAKS DR  |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | INDIALANTIC FL 32903 |  | CITY-ST-ZIP  |   |                                   |
| TITLE   | D                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | DIXON, DARYL         |  | NAME   |   |                                   |
| STREET ADDRESS  | 506 S RIVER OAKS DR  |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | INDIALANTIC FL 32903 |  | CITY-ST-ZIP  |   |                                   |
| TITLE   | STD                  | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | SMITH, EMILY         |  | NAME   |   |                                   |
| STREET ADDRESS  | 512 S. RIVER OAKS    |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | INDIALANTIC FL 32903 |  | CITY-ST-ZIP  |   |                                   |
| TITLE   | D                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | STEWART, SANDIE      |  | NAME   |   |                                   |
| STREET ADDRESS  | 513 S RIVER OAKS DR  |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | INDIALANTIC FL 32903 |  | CITY-ST-ZIP  |   |                                   |
| TITLE   | D                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | ALMOND, LEE          |  | NAME   |   |                                   |
| STREET ADDRESS  | 502 RIVER OAKS DRIVE |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | INDIALANTIC FL 32903 |  | 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)(1), 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: <u>Thomas Otten</u>  |                      |  | Date: <u>3/26/04</u>   |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                      |  | Daytime Phone #  |   |                                   |

REGISTERED AGENT  
 DIRECTOR