2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754351

FILED Mar 07, 2005 Secretary of State

Entity Name: RIVER OAKS IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
507 S RIVER OAKS DR INDIALANTIC, FL 32903				508 S RIVER OAKS DR INDIALANTIC, FL 32903			
Current Mailing Address:				New Mailing Address:			
507 S RIVER OAKS DR INDIALANTIC, FL 32903				508 S RIVER OAKS DR INDIALANTIC, FL 32903			
FEI Number:	: 59-2950692	FEI Number Applied For()	FEI Number No	t Applicable ()	Certificate of Status Desired	d()	
Name and	Address of C	urrent Registered Agent:	Name	and Address	of New Registered Agent:		
OTTEN, THOMAS 507 S RIVER OAKS DR NDIALANTIC, FL 32903 US				BILS, KATHERINE R 508 S RIVER OAKS DR INDIALANTIC, FL 32903 US			
	named entity s e of Florida.	ubmits this statement for the p	urpose of chang	ging its registere	ed office or registered agent, o	or both,	
SIGNATUF	RE: KATHERI	NE R. BILS			03/07/2005		
	Electron	ic Signature of Registered Age	ent		Date		
OFFICERS	S AND DIREC	rors:	ADDI	TIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS	
Title: Name: Address: City-St-Zip:	PD () FARRAR, JACK 514 S RIVER O, INDIALANTIC, F	AKS DR	Title: Name: Addres City-St		() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () LAVAGLIO, FRA 507 S RIVER O INDIALANTIC, F	AKS DR	Title: Name: Addres City-St		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () DIXON, DARYL 506 S RIVER O, INDIALANTIC, F		Title: Name: Addres City-St	s: 508 S RIVE	(X) Change () Addition HERINE ER OAKS DR IC, FL 32903		
Title: Name: Address: City-St-Zip:	STD () SMITH, EMILY 512 S. RIVER (INDIALANTIC, F		Title: Name: Addres City-St				
Title: Name: Address: City-St-Zip:	D () STEWART, SAN 513 S RIVER O INDIALANTIC, F	AKS DR	Title: Name: Addres City-St		(X) Change () Addition BILL /ER OAKS DR IIC, FL 32903		
Title: Name: Address: City-St-Zip:	D () ALMOND, LEE 502 RIVER OAK INDIALANTIC, F		Title: Name: Addres City-St		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE R. BILS TD 03/07/2005