

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2006  
Secretary of State**

DOCUMENT# 754351

Entity Name: RIVER OAKS IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

508 S RIVER OAKS DR  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

508 S RIVER OAKS DR  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 59-2950692      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BILS, KATHERINE R  
508 S RIVER OAKS DR  
INDIALANTIC, FL 32903      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FARRAR, JACK  
Address: 514 S RIVER OAKS DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: VD      ( ) Delete  
Name: LAVAGLIO, FRANK  
Address: 507 S RIVER OAKS DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: TD      ( ) Delete  
Name: BILS, KATHERINE  
Address: 508 S RIVER OAKS DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: SD      ( ) Delete  
Name: STEWART, SANDIE  
Address: 513 N. RIVER OAKS  
City-St-Zip: INDIALANTIC, FL 32903

Title: D      ( ) Delete  
Name: KINCAID, BILL  
Address: 505 N. RIVER OAKS DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: D      ( ) Delete  
Name: ALMOND, LEE  
Address: 502 RIVER OAKS DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date