

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2007
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
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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

TREA

02/01/2007

Electronic Signature of Signing Officer or Director

Date