

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754351

FILED  
Jan 18, 2010  
Secretary of State

**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  
Name: LOVAGLIO, FRANK  
Address: 507 N. RIVER OAKS DR  
City-St-Zip: INDIALANTIC, FL 32903

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

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

Title: D  
Name: FARRAR, JACK  
Address: 514 S. RIVER OAKS DR.  
City-St-Zip: INDIALANTIC, FL 32903

Title: D  
Name: ALMOND, LEE  
Address: 502 S. RIVER OAKS DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: SD  
Name: ROBISON, ENA  
Address: 502 N. RIVER OAKS DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE R. BILS

TREA

01/18/2010

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

\_\_\_\_\_  
Date