


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90202 039 ****61.25

DOCUMENT # 754351

1. Entity Name
RIVER OAKS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
507 S RIVER OAKS DR **507 S RIVER OAKS DR**
INDIALANTIC FL 32903 **INDIALANTIC FL 32903**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2950692** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OTTEN, THOMAS
507 S RIVER OAKS DR
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FARRAR, JACK | |
| STREET ADDRESS | 514 S RIVER OAKS DR | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | LAVAGLIO, FRANK | |
| STREET ADDRESS | 507 S RIVER OAKS DR | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DIXON, DARYL | |
| STREET ADDRESS | 506 S RIVER OAKS DR | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | OTTEN, THOMAS | |
| STREET ADDRESS | 507 S. RIVER OAKS DR. | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEWART, SANDIE | |
| STREET ADDRESS | 513 S RIVER OAKS DR | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STD SMITH, EMILY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 512 S. RIVER OAKS DR. | |
| CITY-ST-ZIP | INDIALANTIC, FL 32903 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D ALMOND, LEE | |
| STREET ADDRESS | 502 S. RIVER OAKS DR. | |
| CITY-ST-ZIP | INDIALANTIC, FL 32903 | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 other like empowered.

SIGNATURE: *Barbara Emily Smith* **4/25/03** **321-727-7956**

CR2E037 (10/02)