**FILE NOW: FILING FEE IS $61.25**

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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756255 (6)

1. Corporation Name
RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O UNIVERSITY PROPERTIES. INC<br>824 E. FLETCHER AVE.<br>TAMPA FL 33612 | C/O UNIVERSITY PROPERTIES. INC<br>824 E. FLETCHER AVE.<br>TAMPA FL 33612-2613 |

3. Date Incorporated or Qualified: 02/10/1981
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2182235 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

LERNER, PATRICIA L
606 MADISON
STE 2001
TAMPA FL 33602

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☑ DELETE | 1.1 TITLE | P/D | ☐ Change ☐ Addition |
| NAME | MAZUR, JOE | | 1.2 NAME | Furr, Henry W. | |
| STREET ADDRESS | 5116 ROLLING HILL | | 1.3 STREET ADDRESS | 7893 Niagara Ave. | |
| CITY-ST-ZIP | TEMPLE TERRACE FL | | 1.4 CITY-ST-ZIP | Tampa, FL. 33617 | |
| TITLE | D | ☑ DELETE | 2.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | LEACH, LEWIS | | 2.2 NAME | Linda Milford | |
| STREET ADDRESS | 3908 VERSAILLES DRIVE | | 2.3 STREET ADDRESS | 5138 Puritan Circle | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | Tampa, FL. 33617 | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHNS, GAIL | | 3.2 NAME | | |
| STREET ADDRESS | 4891 PURITAN CIRCLE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | DV | ☑ DELETE | 4.1 TITLE | P/V/P | ☐ Change ☐ Addition |
| NAME | RILEY, RICHARD | | 4.2 NAME | Charlotte Bailey | |
| STREET ADDRESS | 5108 PURITAN CIRCLE | | 4.3 STREET ADDRESS | 7861 Niagara Ave. | |
| CITY-ST-ZIP | TAMPA FL | | 4.4 CITY-ST-ZIP | Tampa, FL. 33617 | |
| TITLE | D | ☑ DELETE | 5.1 TITLE | D/T | ☐ Change ☐ Addition |
| NAME | MEYER, TONI | | 5.2 NAME | Scott Bronson | |
| STREET ADDRESS | 7837 NIAGRA AVE | | 5.3 STREET ADDRESS | 7869 Niagara Ave. | |
| CITY-ST-ZIP | TAMPA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARJA, CATHY | | 6.2 NAME | | |
| STREET ADDRESS | 7906 N. GREENWOOD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [illegible] Henry Furr 1-28-97 977-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)

7th Director

Randle Massey
4871 Puritan Circle
Tampa, Florida 33617