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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 824 E. FLETCHER AVE. TAMPA FL 33612	C/O UNIVERSITY PROPERTIES, INC 824 E. FLETCHER AVE. TAMPA FL 33612

3. Date Incorporated or Qualified: 02/10/1981

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

2. Principal Place of Business	2a. Mailing Address
21 7628 N 56TH STREET	26 7628 N 56TH STREET
Suite, Apt. #, etc. 22 SUITE 8	Suite, Apt. #, etc. 27 SUITE 8
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33617 / 25	Zip / Country 29 33617 / 30

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

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

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LERNER, PATRICIA L 606 MADISON STE 2001 TAMPA FL 33602	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FURR, HENRY 7893 NIAGARA AVE TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD MASSEY, RANDALL 4871 PURITAN CIRCLE TAMPA, FL 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILFORD, LINDA 5138 PURITAN CIR TAMPA FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNS, GAIL 4891 PURITAN CIRCLE TAMPA FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BAILEY, CHARLOTTE 7861 NIAGARA AVE TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD BAILEY, CHARLOTTE 7861 NIAGARA AVE TAMPA, FL 33617	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BRONSON, SCOTT 7869 NIAGARA AVE TAMPA FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D GOODLAD, JOHN 4873 PURITAN CIRCLE TAMPA, FL 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARJA, CATHY 7906 N. GREENWOOD TAMPA FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VD BARJA, CATHY 7906 N. GREENWOOD TAMPA, FL 33604	☑ Change ☐ Addition

CR2E037 (10/97)

14. 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 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: [signature] CHARLOTTE BAILEY 4/15/98 813-988-3684