

FILE NOW: FILING FEE IS \$61.25

FILED

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
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DOCUMENT # **756255** (6)
1. Corporation Name
RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business C/O UNIVERSITY PROPERTIES, INC 824 E. FLETCHER AVE. TAMPA FL 33612	Mailing Address C/O UNIVERSITY PROPERTIES, INC 824 E. FLETCHER AVE. TAMPA FL 33612
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3. Date Incorporated or Qualified 02/10/1981	4. FEI Number 59-2182235	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 7628 N 56TH STREET Suite, Apt. #, etc. 22 SUITE 8 City & State 23 TAMPA, FL Zip 24 33617	2a. Mailing Address 25 7628 N 56TH STREET Suite, Apt. #, etc. 26 SUITE 8 City & State 27 TAMPA, FL Zip 28 33617
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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 LERNER, PATRICIA L 608 MADISON STE 2001 TAMPA FL 33602	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

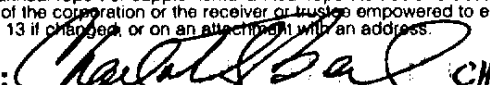
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

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

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	FURR, HENRY
STREET ADDRESS	7893 NIAGARA AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D ☒ DELETE
NAME	MILFORD, LINDA
STREET ADDRESS	5138 PURITAN CIR
CITY-ST-ZIP	TAMPA FL
TITLE	SD ☒ DELETE
NAME	JOHNS, GAIL
STREET ADDRESS	4891 PURITAN CIRCLE
CITY-ST-ZIP	TAMPA FL
TITLE	DVP ☐ DELETE
NAME	BAILEY, CHARLOTTE
STREET ADDRESS	7861 NIAGARA AVE
CITY-ST-ZIP	TAMPA FL
TITLE	DT ☒ DELETE
NAME	BRONSON, SCOTT
STREET ADDRESS	7869 NIAGARA AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D ☐ DELETE
NAME	BARJA, CATHY
STREET ADDRESS	7906 N. GREENWOOD
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD ☐ Change ☒ Addition
1.2 NAME	MASSEY, RANDALL
1.3 STREET ADDRESS	4871 PURITAN CIRCLE
1.4 CITY-ST-ZIP	TAMPA, FL 33617
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	TD ☒ Change ☐ Addition
4.2 NAME	BAILEY, CHARLOTTE
4.3 STREET ADDRESS	7861 NIAGARA AVE
4.4 CITY-ST-ZIP	TAMPA, FL 33617
5.1 TITLE	D ☐ Change ☒ Addition
5.2 NAME	GOODLAD, JOHN
5.3 STREET ADDRESS	4873 PURITAN CIRCLE
5.4 CITY-ST-ZIP	TAMPA, FL 33617
6.1 TITLE	VD ☒ Change ☐ Addition
6.2 NAME	BARJA, CATHY
6.3 STREET ADDRESS	7906 N. GREENWOOD
6.4 CITY-ST-ZIP	TAMPA, FL 33604

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:  **CHARLOTTE BAILEY** 4/15/98 813-988-3684

CR2E037 (10/97)