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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756255

1. Corporation Name

RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7628 N 56TH ST STE 8 TAMPA FL 33617 US	7628 N 56TH ST STE 8 TAMPA FL 33617 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 02/10/1981
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2182235 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: WILLIAM C. SPIVEY
82 Street Address (P.O. Box Number is Not Acceptable): 7628 N. 56TH STREET
83: SUITE 8
84 City: TAMPA **FL** 85 Zip Code: 33617

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: _____ William C. Spivey — April 13, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	MASSEY, RANDAL		1.2 NAME	FURR, HANK	
STREET ADDRESS	4871 PURITAN CIR		1.3 STREET ADDRESS	7893 NIAGARA AVE	
CITY-ST-ZIP	TAMPA FL 33617		1.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	BAILEY, CHARLOTTE		2.2 NAME	RYAN, JOSEPH G.	
STREET ADDRESS	7861 NIAGARA AVE		2.3 STREET ADDRESS	7823 NIAGARA AVE	
CITY-ST-ZIP	TAMPA FL 33617		2.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	GOODLAD, JOHN		3.2 NAME	RILEY, RICHARD	
STREET ADDRESS	4873 PURITAN CIR		3.3 STREET ADDRESS	5108 PURITAN CIR	
CITY-ST-ZIP	TAMPA FL 33617		3.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	VD	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	BARJA, CATHY		4.2 NAME	MEYER, TONI	
STREET ADDRESS	7906 N GREENWOOD		4.3 STREET ADDRESS	7837 NIAGARA AVE	
CITY-ST-ZIP	TAMPA FL 33604		4.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — CHARLOTTE BAILEY — 4/7/99 — (813) 988-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)