2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90070 020 ****70.00

DOCUMENT # 756255

1. Entity 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 33617-7732 US

SOMC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Shirer + Associates	6801 Diana Ct.
Suite, Apt. #, etc.: 6801 Diana Ct.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Tampa FL
Zip: 33610 Country: USA	Zip: 33610 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIVEY, WILLIAM C 7628 N 56TH ST STE 8 TAMPA FL 33617	Name: Shirer + Assoc. of FL, Inc. Street Address (P.O. Box Number is Not Acceptable): 6801 Diana Ct. City: Tampa FL Zip Code: 33610

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.

SIGNATURE _____ 4-17-2000
Signature, typed or printed name of registered agent and title if applicable. (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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ MASSEY, RANDAL 4871 PURITAN CIR TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Joe Ryan 7823 Niagra Ave. Tampa, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAILEY, CHARLOTTE 7861 NIAGARA AVE TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Caryn Scoyne 4891 Puritan Circle Tampa, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODLAD, JOHN 4873 PURITAN CIR TAMPA FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Riley 5108 Puritan Circle Tampa, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARJA, CATHY 7906 N GREENWOOD TAMPA FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edna Smith 7859 Niagra Ave Tampa, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Adrienne Washington 4859 Puritan Circle Tampa, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-11-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #