2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90032 018 ****70.00

DOCUMENT # 756255

1. Entity Name

RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SHIER & ASSOCIATES 6801 DIANA CT. TAMPA FL 33610 US	SHIER & ASSOCIATES 6801 DIANA CT. TAMPA FL 33610 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
SHIER & ASSOCIATES OF FLORIDA 6801 DIANA CT TAMPA FL 33610	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	X P MASSEY, RANDAL 4871 PURITAN CIR TAMPA FL 33617	☐ Delete	[redacted] Secretary Adrienne Washington 4859 Puritan Circle Tampa, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAILEY, CHARLOTTE 7861 NIAGARA AVE TAMPA FL 33617	☐ Delete	Helena Jackson D 7827 Niagara Avenue Tampa FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X VP RILEY, RICHARD 5108 PURITAN CIR TAMPA FL 33617	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, EDNA 7859 NIAGRA AVE TAMPA FL 33617	☐ Delete	President Randle Massey	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X D RYAN, JOE 7823 NIAGRA AVE TAMPA FL 33617	☐ Delete	Vice President Richard Riley	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] SCOYNE, CARYN 4891 PURITAN CIR TAMPA FL 33617	☒ Delete	Director Joe Ryan	☒ Change ☐ Addition

CR2E037 (10/00)

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: David Shier SIGNATURE REQUIRED 1/23/01 985-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #