2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90473 036 ****61.25

DOCUMENT # 756255

1. Entity Name
RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.

54053865

Principal Place of Business	Mailing Address
UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US	UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US

03102004 Chg-NP CR2E037 (10/03)

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

DUARTE III, ANTONIO
11959 N. FLORIDA AVE.
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name
St ADDRESS CHANGE
6221 LAND O LAKES BLVD
Ci LAND O LAKES, FL 34639

Blvd
Zip Code 34639

8. The above named entity submits this statement for the purpose of changing its registered off... familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLE, KATHY 5132 PUREITON CIR. TAMPA, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAILEY, CHARLOTTE 7861 NIAGARA AVE TAMPA, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WASHIINGTON, ADRIANNE 4859 PURITAN CIRCLE TAMPA, FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAN MAZUR 5134 PURITAN CIR TAMPA FL- 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCCARTHY, RONALD 7819 NIAGARA AVE. TAMPA, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RILEY, RICHARD 7823 NIAGRA AVE TAMPA, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROBARDS, JAMES 5140 PURITAN CIRCLE TAMPA, FL 33617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIM CRAWLORD 7831 NIAGARA Ave TAMPA FL 33617	☐ Change ☒ Addition

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: Ronald C McCarthy 5/5/04 813-985-6386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #