

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756255

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.

**Current Principal Place of Business:**

AVID PROPERTY MANAGEMENT INC  
3750 GUNN HIGHWAY SUITE 109  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

AVID PROPERTY MANAGEMENT INC  
3750 GUNN HIGHWAY SUITE 109  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-2182235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVID PROPERTY MANAGEMENT INC  
3750 GUNN HIGHWAY  
SUITE 109  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DVP  
**Name:** WATKINS-BROWN, ROSA  
**Address:** 3750 GUNN HIGHWAY SUITE 109  
**City-St-Zip:** TAMPA, FL 33618

**Title:** SEC  
**Name:** JONES, GARY  
**Address:** 3750 GUNN HIGHWAY SUITE 109  
**City-St-Zip:** TAMPA, FL 33618

**Title:** TRES  
**Name:** LILGA, ROBERT  
**Address:** 3750 GUNN HIGHWAY SUITE 109  
**City-St-Zip:** TAMPA, FL 33618

**Title:** VP  
**Name:** RIVARD, MARCEL  
**Address:** 3750 GUNN HIGHWAY SUITE 109  
**City-St-Zip:** TAMPA, FL 33618

**Title:** D  
**Name:** WILSON, OLIVIA  
**Address:** 7851 NIAGARA AVENUE  
**City-St-Zip:** TAMPA, FL 33617

**Title:** D  
**Name:** FRANKLIN, DONITA  
**Address:** 3750 GUNN HIGHWAY SUITE 109  
**City-St-Zip:** TAMPA, FL 33618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROSA WATKINS-BROWN

PRES

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date