2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90151 008 ****61.25

DOCUMENT # 756255

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

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

☐ CHECK HERE IF MAKING CHANGES

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
MCDERMOTT, MICHAEL J ESQ 791 W LUMSDEN RD BRANDON FL 33511	Name: ANTONIO DUARTE III P.A. Street Address (P.O. Box Number is Not Acceptable): 11959 N FLORIDA Ave City: TAMPA FL Zip Code: 33612

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ ANTONIO DUARTE III 1/31/03
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 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 ~~MASSEY, RANDAL~~ ~~4871 PURITAN CIR~~ ~~TAMPA FL 33617~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Kathy Boyle 5132 Puriton Cir 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	DP	☒ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~RYAN, JOSEPH~~ ~~7823 NIAGARA AVE~~ ~~TAMPA FL 33617~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RONALD McCARTHY 7819 NIAGARA Ave TAMPA FL 33617	☐ 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		☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ CHARLOTTE Bailey 2/25/03 813 9795788