

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90003 028 ****61.25

DOCUMENT # 760197

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



Principal Place of Business
7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

Mailing Address
7001 TEMPLE TERR HWY
TEMPLE TERR, FL 33637 US

04000973



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2182233

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEIB, PATRICIA
420 W PLATT STREET
TAMPA, FL 33602

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. I am 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

TITLE VPD ☐ Delete
NAME BAILEY, RICHARD
STREET ADDRESS 816 BENNING DRIVE
CITY-ST-ZIP BRANDON, FL 33510

TITLE PD ☐ Delete
NAME YOUNG, LARRY
STREET ADDRESS 2187 BLUE TERN DR.
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE STD ☐ Delete
NAME YOUNG, DEBRA
STREET ADDRESS 2187 BLUE TERN DR.
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/04 727 786-5385
Daytime Phone #