

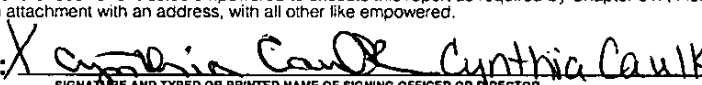


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90151 004 ****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		
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 59-2182233	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEIB, PATRICIA 420 W PLATY STREET TAMPA, FL 33602				Name Duarte, Antonio II Street Address (P.O. Box Number is Not Acceptable) 6221 Land O Lakes Blvd. City Land O Lakes FL Zip Code 34639	
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		 (NOTE: Registered Agent signature required when reinstating)		DATE 1/14/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, RICHARD		NAME	Barja, Catherine	
STREET ADDRESS	816 BENNING DRIVE		STREET ADDRESS	7820 Niagara Avenue	
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP	Tampa, FL 33617	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, LARRY		NAME	Gilkes, Syble	
STREET ADDRESS	2187 BLUE TERN DR.		STREET ADDRESS	7816 Niagara Avenue	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Tampa, FL 33617	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, DEBRA		NAME	Caulk, Cynthia	
STREET ADDRESS	2187 BLUE TERN DR.		STREET ADDRESS	4917 Puritan Circle	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		DATE: 1-26-05		DAYTIME PHONE: 767-9390 989-1185	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					