FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761171 (8)

1. Corporation Name

RIVER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RIVER OAKS DRIVE P. O. BOX 513 OSTEEN FL 32764	RIVER OAKS DRIVE P. O. BOX 513 OSTEEN FL 32764

3. Date Incorporated or Qualified: 12/18/1981

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2715006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GELTZ, POLLY P.
680 RIVER OAKS DRIVE
OSTEEN FL 32764

10. Name and Address of New Registered Agent

81 Name: HEDY APGAR

82 Street Address (P.O. Box Number is Not Acceptable): 780 RIVER OAKS DRIVE

83:

84 City: OSTEEN FL 85 Zip Code: 32764

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Hedy Apgar TREASURER 3/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	LALLY, CAROLE		12 NAME	BETTY BIRD	
STREET ADDRESS	1290 DEER PATH DRIVE		13 STREET ADDRESS	1365 DEER PATH DR.	
CITY-ST-ZIP	OSTEEN FL 32764		14 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	V	☒ DELETE	21 TITLE	V	☒ Change ☐ Addition
NAME	LALLY, FRANK		22 NAME	HANK GODDARD	
STREET ADDRESS	1290 DEER PATH DRIVE		23 STREET ADDRESS	1249 TALL PINES DR.	
CITY-ST-ZIP	OSTEEN FL 32764		24 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	TS	☒ DELETE	31 TITLE	T/S	☒ Change ☐ Addition
NAME	GELTZ, JAMES L.		32 NAME	HEDY APGAR	
STREET ADDRESS	680 RIVER OAKS DR.		33 STREET ADDRESS	780 RIVER OAKS DR.	
CITY-ST-ZIP	OSTEEN FL 32764		34 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	D	☒ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	FERDERBER, MARY ELLEN		42 NAME	KEN HOSACK	
STREET ADDRESS	600 RIVER OAKS DRIVE		43 STREET ADDRESS	2615 CAROLYN ST.	
CITY-ST-ZIP	OSTEEN FL 32764		44 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	D	☒ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	LINTON, JOE		52 NAME	LARRY BLACKMON	
STREET ADDRESS	2473 REED ELLIS RD.		53 STREET ADDRESS	1299 QUAIL RUN	
CITY-ST-ZIP	OSTEEN FL 32764		54 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	D	☒ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	MCCASKILL, SCOTT		62 NAME	DON HARSH	
STREET ADDRESS	1289 QUAIL RUN		63 STREET ADDRESS	1248 TALL PINES DR.	
CITY-ST-ZIP	OSTEEN FL 32764		64 CITY-ST-ZIP	OSTEEN, FL 32764	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hedy Apgar HEDY APGAR 3/15/96 407-321-8377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #