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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 32764-0513

3. Date Incorporated or Qualified: **12/18/1981**
3a. Date of Last Report: **03/25/1996**

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

HEDY APGAR
780 RIVER OAKS DRIVE
OSTEEN FL 32764

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 3/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BIRD, BETTY		1.2 NAME	HANK GODDARD	
STREET ADDRESS	1365 DEER PATH DR		1.3 STREET ADDRESS	1249 TALL PINES DR.	
CITY-ST-ZIP	OSTEEN FL		1.4 CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	GODDARD, HANK		2.2 NAME	DON HARSH	
STREET ADDRESS	1249 TALL PINES DR		2.3 STREET ADDRESS	1248 TALL PINES DR.	
CITY-ST-ZIP	OSTEEN FL		2.4 CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	TS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	APGAR, HEDY		3.2 NAME		
STREET ADDRESS	780 RIVER OAKS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	OSTEEN M		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HOSACK, KEN		4.2 NAME	LYNNE BOWEN	
STREET ADDRESS	2615 CAROLYN ST		4.3 STREET ADDRESS	1325 DEER PATH DR.	
CITY-ST-ZIP	OSTEEN FL		4.4 CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACKMON, LARY		5.2 NAME		
STREET ADDRESS	1299 QUAIL RUN		5.3 STREET ADDRESS		
CITY-ST-ZIP	OSTEEN FL		5.4 CITY-ST-ZIP		
TITLE	DD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HARSH, DON		6.2 NAME	GARY SCHULTZ	
STREET ADDRESS	1248 TALL PINES DR		6.3 STREET ADDRESS	1310 DEER PATH DR.	
CITY-ST-ZIP	OSTEEN FL		6.4 CITY-ST-ZIP	OSTEEN FL 32764	

CR2E037 (9/96)

14. I do 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 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.