FILE NOW: FILING FEE IS $61.25

FILED
Jun 18, 1999 8:00 am
Secretary of State
06-18-1999 90006 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761171**

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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

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

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

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

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: KERIN BURCHER
(82) Street Address (P.O. Box Number is Not Acceptable): 1321 DEER PATH 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: [signature] KERIN BURCHER TREASURER 1/16/99
(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	~~CAROL~~ D	☒ Change ☐ Addition
NAME	HANK GODDARD		1.2 NAME	CAROL Parks	
STREET ADDRESS	1249 TALL PINES DR		1.3 STREET ADDRESS	1450 DEER PATH DRIVE	
CITY-ST-ZIP	OSTEEN FL		1.4 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	DON HARSH		2.2 NAME	ROBERT FERDERBER	
STREET ADDRESS	1248 TALL PINES DR		2.3 STREET ADDRESS	600 RIVER OAKS DRIVE	
CITY-ST-ZIP	OSTEEN FL		2.4 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	TS	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	APGAR, HEDY		3.2 NAME	KERIN BURCHER	
STREET ADDRESS	780 RIVER OAKS DR		3.3 STREET ADDRESS	1321 DEER PATH DR	
CITY-ST-ZIP	OSTEEN M		3.4 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	LYNN BOWEN		4. 2 NAME	ARLENE SMITH	
STREET ADDRESS	1325 DEER PATH DR		4.3 STREET ADDRESS	Deer Path Drive	
CITY-ST-ZIP	OSTEEN FL		4.4 CITY-ST-ZIP	Osteen, FL 32764	
TITLE	D	☒ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	NICKLE, CHRIS		5.2 NAME	RAY RUTLEDGE	
STREET ADDRESS	1340 DEER PATH DR		5.3 STREET ADDRESS	1450 DEER PATH DRIVE	
CITY-ST-ZIP	OSTEEN FL 32764		5.4 CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GARY SCHULTZ		6.2 NAME	CARYN SCHULTZ	
STREET ADDRESS	1310 DEER PATH DR		6.3 STREET ADDRESS	1310 DEER PATH DR	
CITY-ST-ZIP	OSTEEN FL		6.4 CITY-ST-ZIP	OSTEEN, FL 32764	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED KERIN BURCHER 1/16/99 (407) 328-8738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #