2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90020 049 ****61.25

DOCUMENT # 761171

1. Entity 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

01102005 Chg-NP CR2E037 (10/03)

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 59-2715006 ☐ Applied For ☐ Not Applicable

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
BOWEN, LYNNE C 1320 DEER PATH DRIVE OSTEEN, FL 32764	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 Lynne C Bowen, Treasurer Lynne C Bowen 1/10/05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUTLEDGE, RAY 1450 DEERPATH DR OSTEEN, FL 32764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Michels, Steven 1231 Tall Pines Dr. Osteen, FL 32764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOWEN, LYNNE C 1325 DEER PATH DR OSTEEN, FL 32764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOWEN, JOHN M 1325 DEER PATH DRIVE OSTEEN, FL 32764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FERDERBER, ROB 600 RIVER OAKS DR OSTEEN, FL 32764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ferderber, Rob 600 River Oaks Dr. Osteen, FL 32764	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, HENRI 1290 DEERPATH DR OSTEEN, FL 32764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Brownell, Suzanne 1400 Deer Path Dr. Osteen, FL 32764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lynne C Bowen Lynne C Bowen 1/10/05 407-320-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #