

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90138 002 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                     |                                                                                                                                                                                                                         |                                                                                            |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 761171</b><br>1. Entity Name<br><b>RIVER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                     |                                                                                                                                                                                                                         |                                                                                            |                                                                              |
| Principal Place of Business<br><b>RIVER OAKS DRIVE<br/>P. O. BOX 513<br/>OSTEEN, FL 32764</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                     | Mailing Address<br><b>RIVER OAKS DRIVE<br/>P. O. BOX 513<br/>OSTEEN, FL 32764</b>                                                                                                                                       |                                                                                            |                                                                              |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country                                                                                                               |                                                                                            |                                                                              |
| 4. FEI Number<br><b>59-2715006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                  |                                                                                            |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                                     | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                   |                                                                                            |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BOWEN, LYNNE C<br/>1320 DEER PATH DRIVE<br/>OSTEEN, FL 32764</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name <b>RAY RUTLEDGE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1450 DEER PATH DR.</b><br>City <b>OSTEEN</b> <b>FL</b> Zip Code <b>32764</b> |                                                                                            |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                     |                                                                                                                                                                                                                         |                                                                                            |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                         | <b>\$5.00</b> May Be Added to Fees                                                         |                                                                              |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                     |                                                                                                                                                                                                                         |                                                                                            |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                            |                                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b><br><b>MICHEL, STEVEN</b><br><b>1231 TALL PINES DR</b><br><b>OSTEEN, FL 32764</b>    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                      | <b>P</b><br><b>ROBERT BROWNELL</b><br><b>1450 DEER PATH DR.</b><br><b>OSTEEN, FL 32764</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>TD</b><br><b>BOWEN, LYNNE C</b><br><b>1325 DEER PATH DR</b><br><b>OSTEEN, FL 32764</b>    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                      | <b>TD</b><br><b>RAY RUTLEDGE</b><br><b>1450 DEER PATH DR.</b><br><b>OSTEEN, FL 32764</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VD</b><br><b>BOWEN, JOHN M</b><br><b>1325 DEER PATH DR</b><br><b>OSTEEN, FL 32764</b>     | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                      |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b><br><b>FERDERBER, ROB</b><br><b>600 RIVER OAKS DR</b><br><b>OSTEEN, FL 32764</b>     | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                      |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SD</b><br><b>BROWNELL, SUZANNE</b><br><b>1400 DEER PATH DR</b><br><b>OSTEEN, FL 32764</b> | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                      | <b>SD</b><br><b>CLAYTON BASS</b><br><b>1265 DEER PATH DR.</b><br><b>OSTEEN, FL 32764</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                      |                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                              |                                                                                     |                                                                                                                                                                                                                         |                                                                                            |                                                                              |
| <b>SIGNATURE: RAY RUTLEDGE</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                     | <b>3-31-06</b><br><small>Date</small>                                                                                                                                                                                   |                                                                                            | <b>407 302 7129</b><br><small>Daytime Phone #</small>                        |