## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

ANNOAL REPORT							Secretary of State					
DOCUMENT # 761171  1. Entity Name RIVER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.							0	4-05-2006 9	90138 00	)2 ****61	1.25	
Principal Place of Business RIVER OAKS DRIVE P. O. BOX 513 OSTEEN, FL 32764		RIVE P. O	Mailing Address RIVER OAKS DRIVE P. O. BOX 513 OSTEEN, FL 32764				I ITANII IAANR AMRI		BYRIK GIBII BYRI	Î 818/6 BIBIN BIZK	IIDE EI LOEE	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					03312006 CI	ng-NP	CR2E03	7 (11/05)		
City & State	е	City & State					4. FEI Number Applied For 59-2715006 Not Applicable					
Zip			Zip			5. Certificate of Status Desired				8.75 Add ee Required		
	6. Name and Address of Curre	nt Register	ed Agent				7. Name and Add	ress of New R	egistered A	gent		
BOWEN, LYNNE C 1320 DEER PATH DRIVE OSTEEN, FL 32764					Name RAY RUTLEDEF  Street Address (P.O. Box Number is Not Acceptable)							
	Tale	City			001	ESA PATH DA.  FL Zip Code						
the obligat	named entity submits this statement ions of registered agent.	for the purp	oose of changing its	registere	ed office or	register	ed agent, or both, in	the State of Flo		amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if ap	plicable. (NOTE	: Registere	d Agent signati	ure required	when reinstating)		DATE			
• • • • • • • • • • • • • • • • • • • •				npaign Financing contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND I	DIRECTORS	,	11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHELS, STEVEN 1231 TALL PINES DR OSTEEN, FL 32764		<b>⊠</b> Delete	TITLE NAM STRE		140	BERT BRI TO DEBRI TEEM, F	owarî b PBTH B	262.	<b>⊠</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWEN, LYNNE C 1325 DEER PATH DR OSTEEN, FL 32764		<b>⊠</b> Delete			TO RA 145	Y RUTHE O O DEER 10 GEN, F	4 E 8 TH 010	Z.	<b>⊠</b> Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DOWEN, JOHN M 1325 DEER PATH DR OSTEEN, FL 32764		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERDERBER, ROB 600 RIVER OAKS DR OSTEEN, FL 32764		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWNELL, SUZANNE 1400 DEER PATH DR OSTEEN, FL 32764		∑ Delete			126	THEN, F	VITIN 06	7. 64/	Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					- ,, <u>- • • • • • • • • • • • • • • • • • • •</u>	<i>,</i>	Change	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.

SIGNATURE: Par RAY RUTHER 3-31-06 407 702 712 9

SUBNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day on Day on Printed Name of Signing Officer or Director