

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # 761171	
1. Entity Name RIVER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.	
Principal Place of Business RIVER OAKS DRIVE P. O. BOX 513 OSTEEN, FL 32764	Mailing Address RIVER OAKS DRIVE P. O. BOX 513 OSTEEN, FL 32764



02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2715006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RUTLEDLE, RAY 1490 DEER PATH DR OSTEEN, FL 32764

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNELL, ROBERT 14200 DEER PATH DR OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUTLEDLE, RAY 1450 DEER PATH DR OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWEN, JOHN M 1325 DEER PATH DR OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERDERBER, ROB 600 RIVER OAKS DR OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASS, CLAYTON 1265 DEER PATH DR OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80030-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Ray Rutledge RAY RUTLEDGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07
Date Daytime Phone #