

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90024 017 \*\*\*\*70.00

<b>DOCUMENT # 761171</b>					
<b>1. Entity Name</b> RIVER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> RIVER OAKS DRIVE P. O. BOX 513 OSTEEN, FL 32764			<b>Mailing Address</b> RIVER OAKS DRIVE P. O. BOX 513 OSTEEN, FL 32764		
<b>2. Principal Place of Business - No P.O. Box #</b> SAME		<b>3. Mailing Address</b> SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2715006	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RUTLEDLE, RAY 1490 DEER PATH DR OSTEEN, FL 32764			<b>7. Name and Address of New Registered Agent</b> Name <b>ROBERT FERDERBER</b> Street Address (P.O. Box Number is Not Acceptable) 600 RIVER OAKS DRIVE City <b>Osteen</b> <b>FL</b> Zip Code <b>32764</b>		
<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.</b> SIGNATURE  DATE <b>5-6-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> BROWNELL, ROBERT <b>STREET ADDRESS</b> 14200 DEER PATH DR <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> ROBIN ZOOK <b>STREET ADDRESS</b> 1335 DEER PATH DR. <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> RUTLEDLE, RAY <b>STREET ADDRESS</b> 1450 DEER PATH DR <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> JOHN M. BOWEN <b>STREET ADDRESS</b> 1325 DEER PATH DR. <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> BOWEN, JOHN M <b>STREET ADDRESS</b> 1325 DEER PATH DR <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> LYNN BOWEN <b>STREET ADDRESS</b> 1325 DEER PATH DR. <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FERDERBER, ROB <b>STREET ADDRESS</b> 600 RIVER OAKS DR <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> ROBERT FERDERBER <b>STREET ADDRESS</b> 600 RIVER OAKS DR. <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> BASS, CLAYTON <b>STREET ADDRESS</b> 1265 DEER PATH DR <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LYNN WEBB <b>STREET ADDRESS</b> 1260 RAVENS WAY <b>CITY-ST-ZIP</b> OSTEEN, FL 32764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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:  DATE <b>5-06-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					