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Mar 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763965 (1)

1. Corporation Name

LAND OWNERS ASSOC. OF RIVER OAKS, INC.



Principal Place of Business

Mailing Address

C/O DOUGLAS BALLARD  
12635 ARBOR LANE S.W.  
MOORE HAVEN FL 33471-9698

C/O DOUGLAS BALLARD  
12635 ARBOR LANE S.W.  
MOORE HAVEN FL 33471-9698

3. Date Incorporated or Qualified

06/30/1982

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALLARD, DOUGLAS  
C/O DOUGLAS BALLARD  
12635 ARBOR LANE S.W.  
MOORE HAVEN FL 33471-9698

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS  
NAME BALLARD, DOUGLAS  
STREET ADDRESS 12635 ARBOR LANE S.W.  
CITY-ST-ZIP MOORE HAVEN FL 33471-9698

☐ DELETE

1.1 TITLE DIRECTOR (ADDITION) ☒ Addition  
1.2 NAME CLYDE SANBORN  
1.3 STREET ADDRESS 12640 ARBOR LANE S.W.  
1.4 CITY-ST-ZIP MOORE HAVEN, FL. 33471

TITLE V  
NAME JOHNSON, DEAN  
STREET ADDRESS 12545 ARBOR LANE S.W.  
CITY-ST-ZIP MOORE HAVEN FL 33471-9698

☐ DELETE

2.1 TITLE ASSIST, SECTRY/TRESRER ☐ Change ☒ Addition  
2.2 NAME KAY SANBORN  
2.3 STREET ADDRESS 12640 ARBOR LANE S.W.  
2.4 CITY-ST-ZIP MOORE HAVEN, FL. 33471

TITLE D  
NAME MILLER, CHARLES  
STREET ADDRESS 49 RIVERVIEW DR  
CITY-ST-ZIP MOORE HAVEN FL 33471

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME EDENFIELD, BARBARA  
STREET ADDRESS 88 CANOPY LANE S.W.  
CITY-ST-ZIP MOORE HAVEN FL 33471

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ST  
NAME MILLER, TAMMIE  
STREET ADDRESS 12695 SHADY LANE S.W.  
CITY-ST-ZIP MOORE HAVEN FL 33471-9698

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME BESSLER, MARVIN  
STREET ADDRESS 3275 RIVERVIEW DR.  
CITY-ST-ZIP MOORE HAVEN FL 33471-9698

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CP2E037 (10/97)