FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 763965

1. Corporation Name

LAND OWNERS ASSOC. OF RIVER OAKS, INC.

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

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

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90224 038 ****61.25



3. Date Incorporated or Qualifed

06/30/1982



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City & State Sip	ORS IN 12
City & State Zip Country Zip Country 30 State 21	D May Be I to Fees: D Code Its registered registered
Zip Country Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution Adder 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BALLARD, DOUGLAS C/O DOUGLAS BALLARD 12635 ARBOR LANE S.W. MOORE HAVEN FL 33471-9698 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 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 algorithms required when reinstating) DATE 12. (NOTE: Registered Agent algorithms required when reinstating) DATE 12. (NOTE: Registered Agent algorithms required when reinstating) DATE 12. (NAME DIRECTOR, Change Shallard), DOUGLAS STREET ADDRESS 1264 0 ARBOR LANE S.W. MOORE HAVEN FL 33471-9698	D May Be it to Fees Code ts registered registered
PALLARD, DOUGLAS C/O DOUGLAS BALLARD 12635 ARBOR LANE S.W. MOORE HAVEN FL 33471-9698 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE PS OFFICERS AND DIRECTORS (P.O. Box Number is Not Acceptable) In 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 of 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PS OFFICERS AND DIRECTORS (P.O. Box Number is Not Acceptable) IN STREET ADDRESS IN STREET ADDRE	o Code ts registered registered
9. Name and Address of Current Registered Agent BALLARD, DOUGLAS C/O DOUGLAS BALLARD 12635 ARBOR LANE S.W. MOORE HAVEN FL 33471-9698 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 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 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. In TILLE DIRECTOR, F Change THANKE BALLARD, DOUGLAS STREET ADDRESS 12640 ARBOR LANE S.W. 13. STREET ADDRESS 12640 ARBOR LANE S.W. 14. CITY-ST-ZIP MOORE HAVEN FL 33471-9698	o Code ts registered registered
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TILE V DELETE 2.1 TILE Change	e 🔲 Addition
NAME JOHNSON, DEAN 2.2 NAME	
STREET ADDRESS 12545 ARBOR LANE S.W. 23 STREET ADDRESS	
CITY-ST-ZIP MOORE HAVEN FL 33471-9698 2.4 CITY-ST-ZIP	
TITLE D DELETE 31 TITLE ASSISTANT TREAS/SECTRY TChange	Addition
NAME MILLER, CHARLES 32 NAME KAY SANBORN	
STREET ADDRESS 49 RIVERVIEW DR 3.3 STREET ADDRESS 1264 0 ARBOR LANE S.W.	1
CITY-ST-ZIP MOORE HAVEN FL 33471 TITLE D SELETE 4.1 TITLE Change	e [-] Addition:
NAME EDENFIELD, BARBARA 4.2 NAME	i
STREET ADDRESS 88 CANOPY LANE S.W. 4.3 STREET ADDRESS	
MACHINE CONTRACTOR CON	l
CITY-ST-2IP MOUNE HAVEN FL 334/1 44 CITY-ST-2IP TITLE ST DELETE 5.1 TITLE	e Addition
NAME MILLER, TAMMIE 52 NAME	l
STREET ADDRESS 12695 SHADY LANE S.W. 5.3 STREET ADDRESS	l
SINEEL AUDICESS 12093 STADT LANE 3.W.	1
TITLE (1) DELETE 6.1 TITLE (2) Chang	e Addition
DEGGERA INDUSTRIA	
STREET ADDRESS 32/3 HIVERVIEW DR.	
CITY-ST-ZIP MOORE HAVEN FL 33471-9698 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii).	a information

4. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #