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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763965

1. Corporation Name

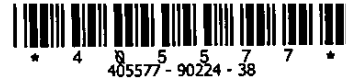
LAND OWNERS ASSOC. OF RIVER OAKS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/30/1982

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE ASSISTANT TREAS/SECTRY
3.2 NAME KAY SANBORN
3.3 STREET ADDRESS 12640 ARBOR LANE S.W.
3.4 CITY-ST-ZIP MOORE HAVEN, FL 33471

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)