

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90028 015 ****70.00

DOCUMENT # 763965

1. Entity 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

C/O DEAN JOHNSON

Suite, Apt. #, etc.

12645 AQUA LANE SW

City & State

MOORE HAVEN, FL

Zip

33471

Country

USA

3. Mailing Address

C/O DEAN JOHNSON

Suite, Apt. #, etc.

12645 AQUA LANE SW

City & State

MOORE HAVEN, FL

Zip

33471

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

JOHNSON, DEAN

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

12645 AQUA LANE SW

City

MOORE HAVEN

FL

Zip Code

33471

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

Dean Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME SMITH, HOWARD ☒ Delete
STREET ADDRESS 37 RIVERVIEW DRIVE S.W.
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ASD
NAME CONYERS, DALE ☐ Delete
STREET ADDRESS 12545 AQUA LANE SW
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D
NAME SANBORN, CLYDE ☐ Delete
STREET ADDRESS 12640 ARBOR LANE SW
CITY-ST-ZIP MOORE HAVEN FL 33471-9698

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME JOHNSON, DEAN ☒ Change ☐ Addition
STREET ADDRESS 12645 AQUA, LN. SW
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE V
NAME NORMAN BRACKEN ☐ Change ☒ Addition
STREET ADDRESS 12425 William Rd SW
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE S
NAME ALISA HUCKER ☐ Change ☒ Addition
STREET ADDRESS 12655 ARBOR LN SW
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE T
NAME BUTLER MAYNARD ☐ Change ☒ Addition
STREET ADDRESS 3600 RIVERVIEW DR
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE Change T
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JAMES HARRINGTON ☐ Change ☒ Addition
STREET ADDRESS 12615 ARBOR LN SW
CITY-ST-ZIP MOORE HAVEN, FL 33471

12. 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 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

Dean Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/04 863-674-1065