

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763965

FILED
Apr 14, 2005
Secretary of State

Entity Name: LAND OWNERS ASSOC. OF RIVER OAKS, INC.

Current Principal Place of Business:

C/O DEAN JOHNSON
12545 AQUA LANE, SW
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

C/O DEAN JOHNSON
12545 AQUA LANE, SW
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, DEAN
12645 AQUA LANE SW
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, DEAN
Address: 12645 AQUA LANE SW
City-St-Zip: MOORE HAVEN, FL 33471

Title: V () Delete
Name: BRACKEN, NORMAN
Address: 12725 WILLIAM RD. SW
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: MILLER, CHARLES
Address: 49 RIVERVIEW DR
City-St-Zip: MOORE HAVEN, FL 33471

Title: S () Delete
Name: HUCKER, ALISA
Address: 12655 ARBOR LANE SW
City-St-Zip: MOORE HAVEN, FL 33471

Title: T () Delete
Name: CONYERS, DALE
Address: 12545 AQUA LANE SW
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: SANBORN, CLYDE
Address: 12640 ARBOR LANE SW
City-St-Zip: MOORE HAVEN, FL 334719698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE S. CONYERS - TREASURER

MR.

04/14/2005

Electronic Signature of Signing Officer or Director

Date