2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763965

FILED Apr 12, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O DEAN JOHNSON 12545 AQUA LANE, SW MOORE HAVEN, FL 33471 **New Mailing Address: Current Mailing Address:** C/O DEAN JOHNSON 12545 AQUA LANE, SW MOORE HAVEN, FL 33471 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, DEAN BEAVERS, APRIL 12645 AQUA LANE SW 3540 RIVERVIEW DR SW US MOORE HAVEN, FL 33471 US MOORE HAVEN, FL 33471 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: APRIL BEAVERS 04/12/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JOHNSON, DEAN BEAVERS, APRIL Name: Name: 12645 AQUA LANE SW Address: 3540 RIVERVIEW DR SW Address: City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: MOORE HAVEN, FL 33471 Title: () Delete Title: (X) Change () Addition BRACKEN, NORMAN JOHNSON, DEAN Name: Name: Address: 12725 WILLIAM RD. SW Address: 12645 AQUA LN SW City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: MOORE HAVEN, FL 33471 Title: () Delete Title: () Change () Addition MILLER, CHARLES Name: Name: 49 RIVERVIEW DR Address: Address: City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HUCKER, ALISA Name: 12655 ARBOR LANE SW Address: Address: City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: Title: () Delete Title: () Change () Addition CONYERS, DALE Name: Name: 12545 AQUA LANE SW Address: Address: City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: Title: () Delete Title: () Change () Addition SANBORN, CLYDE Name: Name: Address: 12640 ARBOR LANE SW Address: MOORE HAVEN, FL 334719698 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 CONYERS T 04/12/2006