2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763965

FILED Jul 14, 2008 Secretary of State

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

urrent P	Principal Place of Business:	New Principal Place of Business:
C/O APRIL BEAVERS 8450 RIVERVIEW DRIVE SW MOORE HAVEN, FL 33471		C/O APRIL BEAVERS 1449 RIVERVIEW DRIVE MOORE HAVEN, FL 33471
Current Mailing Address:		New Mailing Address:
540 RIVE	L BEAVERS ERVIEW DRIVE HAVEN, FL 33471	C/O APRIL BEAVERS 1449 RIVERVIEW DRIVE MOORE HAVEN, FL 33471
n accordar	nce with s. 607.193(2)(b), F.S., the corporation did not receiv	•
lame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	S, APRIL ERVIEW DR SW HAVEN, FL 33471 US	BEAVERS, APRIL 1449 RIVERVIEW DR MOORE HAVEN, FL 33471 US
	e named entity submits this statement for the purpose te of Florida.	e of changing its registered office or registered agent, or both,
SIGNATURE:		07/14/2008
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: lame: ddress: tity-St-Zip:	P () Delete BEAVERS, APRIL 3540 RIVERVIEW DR SW MOORE HAVEN, FL 33471	Title: () Change () Addition Name: Address: City-St-Zip:
itle: ame: ddress: ity-St-Zip:	V () Delete STEGER, JOYCE 3275 RIVERVIEW DR SW MOORE HAVEN, FL 33471	Title: () Change () Addition Name: Address: City-St-Zip:
itle: ame: ddress: ity-St-Zip:	D () Delete MILLER, CHARLES 3355 RIVERVIEW DRIVE SW MOORE HAVEN, FL 33471	Title: D (X) Change () Addition Name: HARRINGTON, JAMES Address: 3355 RIVERVIEW DRIVE SW City-St-Zip: MOORE HAVEN, FL 33471
tle: ame: ddress: ity-St-Zip:	S () Delete HUCKER, ALISA 12655 ARBOR LANE SW MOORE HAVEN, FL 33471	Title: () Change () Addition Name: Address: City-St-Zip:
itle: ame: ddress: ity-St-Zip:	T () Delete BEAVERS, H. DEAN 3540 RIVERVIEW DR SW MOORE HAVEN, FL 33471	Title: () Change () Addition Name: Address: City-St-Zip:
tle:	D () Delete SANBORN, CLYDE	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify 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: APRIL BEAVERS P 07/14/2008