
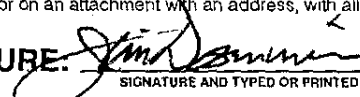


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 769396					
1. Entity Name RIVER OAKS TOWNHOMES OF SEBASTIAN OWNERS ASSOCIATION, INC.					
Principal Place of Business 732 CLEVELAND ST. B-14 SEBASTIAN FL 32958 US		Mailing Address 732 CLEVELAND ST. B-14 SEBASTIAN FL 32958 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2567987	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINEAU, JIM 732 CLEVELAND STREET, B-14 SEBASTIAN FL 32958			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENE, LAURIE		NAME		
STREET ADDRESS	732 CLEVELAND STREET A-3		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINEAU, JIM		NAME		
STREET ADDRESS	732 CLEVELAND ST., UNIT B9		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAUTH, GENE A		NAME		
STREET ADDRESS	732 CLEVELAND ST. B-15		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, MAXINE K		NAME		
STREET ADDRESS	732 CLEVELAND STREET A-4		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEIER, ADELL J		NAME		
STREET ADDRESS	732 CLEVELAND ST A-6		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEWITT, ANGUS		NAME		
STREET ADDRESS	732 CLEVELAND ST. B-10		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		JIM DOMINEAU		4/27/05 772-388-4618	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2567987** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 DOMINEAU, JIM
 732 CLEVELAND STREET, B-14
 SEBASTIAN FL 32958

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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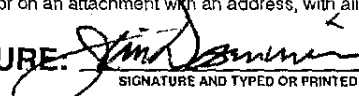
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Make Check Payable to Florida Department of State

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SIGNATURE:  JIM DOMINEAU 4/27/05 772-388-4618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #