


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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90278 019 ****61.25

DOCUMENT # N01000007470
 1. Entity Name
RIVER OAKS IN THE HAMMOCK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
5182 N. OCEANSHORE BLVD. PALM COAST FL 32137
~~P.O. BOX 359811~~
PALM COAST FL 32135-9811

44026882



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite A
Suite A

City & State City & State
Palm Coast
Palm Coast

Zip Country Zip Country
32137
32137

4. FEI Number **02-0580304** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ANNON, FRED JR
PALM COAST PROPERTY MANAGEMENT COMPANY
7 FLORIDA PARK DRIVE, SUITE C
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 Name: **Milestone Management**
 Street Address (P.O. Box Number is Not Acceptable): **5182 N. Oceanshore Blvd**
Suite A
 City: **Palm Coast** FL Zip Code: **32137**

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: **Derek Fowkes** **Derek Fowkes** **04-08-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEREK V.H. FOWKES PO BOX 354928 PALM COAST FL 32135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LERNER, DONALD PO BOX 354928 PALM COAST FL 32135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LERNER, BRENDA PO BOX 354928 PALM COAST FL 32135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Derek Fowkes** **Derek Fowkes** **04-08-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **386-445-4588** Daytime Phone