

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90082 042 \*\*\*\*61.25

**DOCUMENT #** NO1000008683  
1. Entity Name

*River Oaks Daytona Condominium Assoc*

**DO NOT WRITE IN THIS SPACE**

**FEI # 03-0423687**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 711 North Halifax Avenue Suite, Apt. #, etc. #104 City & State Daytona Beach, FL. Zip 32118		3. Mailing Address 711 No. Halifax Avenue Suite, Apt. #, etc. #104 City & State Daytona Beach, FL. Zip 32118		Country USA	
---	--	---	--	----------------	--

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Hassan Saboungi
Street Address (P.O. Box Number is Not Acceptable)	290 No. U. S. Hwy 1
City	Ormond Beach, FL. 32174
State	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME D President Hassan Saboungi 290 No. U. S. Hwy 1 Ormond Beach, FL. 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME D Secretary Treasurer Mahmoud Saboungi 290 No. U. S. Hwy 1 Ormond Beach, FL. 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME D Mohamed Mounir Khabazeh 290 No. U.S. Hwy 1 Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowers.

**SIGNATURE:**

*Hassan Saboungi* President

4/12/02

386-253-3349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #