


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

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90077 016 ****61.25

DOCUMENT # N01000008683.

1. Entity Name
RIVER OAKS DAYTONA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **711 NORTH HALIFAX DRIVE DAYTONA BEACH FL 32118**
 Mailing Address: **711 NORTH HALIFAX DRIVE DAYTONA BEACH FL 32118**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

4. FEI Number: **03-0423687**
 Applied For: Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

ROLF, LEROY
711 N HALIFAX AVE #206
DAYTONA BEACH FL 32118

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	ROLF, LEROY	
STREET ADDRESS	711 N HALIFAX AVE #206	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORDIS, LU	
STREET ADDRESS	711 N HALIFAX AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HERNDON, BARBARA	
STREET ADDRESS	711 N HALIFAX AVE #102	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARUB, MARIA	
STREET ADDRESS	711 N HALIFAX AVE #406	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMPAGNE, DON	
STREET ADDRESS	711 N HALIFAX AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL GRUBB, SAMUEL	
STREET ADDRESS	711 N. HALIFAX AVE #405	
CITY-ST-ZIP	DAYTON BEACH, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, PHYLLIS	
STREET ADDRESS	711 N. HALIFAX AVE #403	
CITY-ST-ZIP	DAYTON BEACH, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: Samuel P. Grubb **SAMUEL P. GRUBB** 01/23/04 386-238-3807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #