

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90027 021 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

03-0423687

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **BARRETTO, GLORIA**

Street Address (P.O. Box Number is Not Acceptable)  
**711 N. HALIFAX AVE #202**

City **DAYTONA BEACH**

FL

Zip Code **32118**

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

*Gloria Barretto* **GLORIA BARRETTO**

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/19/06**

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 checked="" type="checkbox"/> Delete
NAME	ROLF, LEROY	
STREET ADDRESS	711 N HALIFAX AVE #206	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	BARRETTO, GLORIA	
STREET ADDRESS	711 N HALIFAX AVE # 202	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNDON, BARBARA	
STREET ADDRESS	711 N HALIFAX AVE #102	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRUBB, SAMUEL	
STREET ADDRESS	711 N. HALIFAX AVE #405	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAGUE, DAVID	
STREET ADDRESS	711 N HALIFAX AVE # 203	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCILLE CORDES	
STREET ADDRESS	711 N. HALIFAX AVE #304	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	PRESIDENT	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID HAGUE	
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 119, 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 TREASURER** 386-238-3807