


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 011 ****61.25

DOCUMENT # N0100008683					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0423687	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARRETTO, GLORIA 711 N HALIFAX AVE #206-106 DAYTONA BEACH, FL 32118				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 <u>Gloria Barretto</u>				DATE <u>1/11/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008				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	VP	<input type="checkbox"/> Delete			
NAME	CORDES, LUCILLE				
STREET ADDRESS	711 N HALIFAX AVE # 304				
CITY-ST-ZIP	DAYTONA BEACH, FL 32118				
TITLE	P	<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 checked="" 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					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	EVELYN ROLF				
STREET ADDRESS	711 N. HALIFAX AVE, #206				
CITY-ST-ZIP	DAYTONA 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 exemptions contained in Chapter 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: <u>Samuel P. Grubb, Treasurer</u>				DATE: <u>1/11/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	