


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002609**

1. Entry Name  
**RIVER OAKS PLANTATION PHASE II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 3225 SPARTINA AVENUE MERRITT ISLAND, FL 32953	Mailing Address 3225 SPARTINA AVENUE MERRITT ISLAND, FL 32953
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**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2091339	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B  
 930 S HARBOR CITY BLVD SUITE 505  
 MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee Is \$61.25 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BERNKRANT, PAULA 3225 SPARTINA AVENUE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPELLMAN, JIM 3215 SPARTINA AVENUE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEWERNITZ, NOREEN 3235 SPARTINA AVE MERRITT ISLAND, FL 32953
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000739278  
 05/14/07-80020-005 61.25

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: Paula Bernkrant Paula Bernkrant 4/24/2007  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 321-452-7304