

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002609**

1. Entity 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**



02262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2091339**

Applied For  
☐ Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000843313  
03/11/08-80063-027 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2008 321-452-7304

Date

Daytime Phone #