

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)

4. FEI Number
 41-2091339 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

UD00000843313
 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 3/1/2008 321-452-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #