

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 27, 2009
Secretary of State**

DOCUMENT# N02000002609

Entity Name: RIVER OAKS PLANTATION PHASE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3225 SPARTINA AVENUE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

3225 SPARTINA AVENUE
MERRITT ISLAND, FL 32953

New Mailing Address:

3225 SPARTINA AVENUE
MERRITT ISLAND, FL 32953 US

FEI Number: 41-2091339 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BERNKRANT, PAULA
Address: 3225 SPARTINA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DV () Delete
Name: SPELLMAN, JIM
Address: 3215 SPARTINA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DS () Delete
Name: BEWERNITZ, NOREEN
Address: 3235 SPARTINA AVE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA BERNKRANT

DPT

05/27/2009

Electronic Signature of Signing Officer or Director

_____ Date