## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0200002609

1. Entity Name

## RIVER OAKS PLANTATION PHASE II HOMEOWNERS ASSOCIATION, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90277 003 \*\*\*\*61.25

| Principal Place 3225 SPARTIN MERRITT ISLA |   | Mailing Address 3225 SPARTINA AVENUE MERRITT ISLAND FL 32953 |   |                         |   | ,  |               |            |      |
|---|---|--|---|-------------------------|---|--|---------------|------------|------|
| 2 Principal F                             | Place of Business   | 3. Mailing Address   |   |                         |   |  |               |            |      |
| z. minoipan                               | iace of Dusifiess   | 3. Walling Address   |   |                         | 1 1001/161 011 4011                     | 8 11821 88211 88111 88411 8811 681   |               | } <b> </b> |      |
| Suite, Apt. #, etc.                       |   | Suite, Apt. #, etc.  |   |                         |   | CHECK HERE IF MAKING CHANGES   |               |            |      |
| City & State                              |   | City & State   |   |                         | 4. FEI Number                           | 4. FEI Number 129 ikal for Not Applied For Not Applied For   |               |            |      |
| Zip Country                               |   | Zip  | Zip Cou   |                         |   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required  |               |            |      |
|   | 6. Name and Address of Current  | Registered Agent ===   | ا مستوردی   | الكو وسطر وال           | 7. Name and Addr                        | ess of New Registered A  | Agent         |            |      |
|   |   |  |   | Name                    |   |  |               |            | ŀ    |
|   | jary B<br>Arbor City Blyd Suite 505<br>Rne Fl 32901                     |  | Street Address  |                         | s (P.O. Box Number is Not Acceptable)   |  |               |            |      |
|   | · · · · · · · · · · · · · · · · · · ·                                   |  |   | City                    |   | FL   | Zip Cod       | e          |      |
| 8. The above the obligation SIGNATURE     | e named entity submits this statement for<br>tions of registered agent. | r the purpose of changing its                                | registere   | ed office or regist     | tered agent, or both, in t              | he State of Florida. I am f  | amiliar with, | and accept |      |
|   | Signature, typed or printed name of registered agent a                  | and title if applicable. (NOTI                               | E: Registere  | d Agent signature requi | ired when reinstating)                  | DATE   |               |            |      |
|   | FILE NOW: FEE IS \$61.25  |  | 9. Election Campaign Financing Trust Fund Contribution. |                         |   | Make Check Payable to<br>Florida Department of State   |               |            |      |
| 10.                                       | OFFICERS AND DIR  | ECTORS   | 11.   |                         | ADDITIONS/CHANGE                        | S TO OFFICERS AND DIF  | RECTORS IN    | 10         |      |
| TITLE: 1                                  | DP  | ☐ Delete   | TITLE   | :                       | 7,55111011070111102                     | S TO STATE DI  | ☐ Change      | Addition   | 8    |
| NAME                                      | BERNKRANT, PAULA  |  | NAM   | E                       |   |  | _ ,           |            | 5    |
| STREET ADDRESS                            | 3225 SPARTINA AVENUE  |  |   | ET AODRESS              |   |  |               |            | 37 ( |
| CITY-ST-ZIP '                             | MERRITT ISLAND FL 32953   |  | CITY  | -ST-ZIP                 | *************************************** |  | <u>-</u>      |            | Ä    |
| TITLE                                     | DV .<br>Spellman, jim   | ☐ Delete   | TITLE   | ı                       |   |  | ☐ Change      | Addition   | ä    |
| NAME<br>STREET ADDRESS                    | 3215 SPARTINA AVENUE  |  | NAM   | ET ADDRESS              |   |  |               |            |      |
| CITY-ST-ZIP                               | MERRITT ISLAND FL 32953   |  |   | -ST-ZIP                 |   |  |               |            |      |
| TITLE                                     | D   | Delete   | TITLE   | 1 man 1/2 mm 1 mm       |   | The second secon | Change        | Addition   |      |
| NAME                                      | PRICE, MICHAEL  |  | NAMI  |                         |   |  |               |            |      |
| STREET ADDRESS                            | 3265 SPARTINA AVENUE  |  |   | ET ADDRESS   `          |   |  |               |            |      |
| CITY-ST-ZIP                               | MERRITT ISLAND FL 32953   | h-   | CITY  | ·ST-ZIP                 |   |  |               |            |      |
| TITLE                                     | DDICE MARITA  | ☐ Delete   | TITLE   | <b>I</b>                |   |  | ☐ Change      | ☐ Addition |      |
| NAME<br>STREET ADDRESS                    | PRICE, KAETTA<br>3265 SPARTINA AVENUE                                   |  | NAM   | ET ADDRESS              |   |  |               |            |      |
| CITY-ST-ZIP                               | MERRITT ISLAND FL 32953   |  |   | ST-ZIP                  | •                                       |  |               |            |      |
| TITLE                                     | T   | □ Delete   | TITLE   |                         |   |  | Change        | Addition   |      |
| NAME                                      | HAMILTON, IRENE S   | ∟ Delete   | NAME  |                         |   |  | Change        | ☐ Addition |      |
|   | 3195 SPARTINA AVENUE  |  |   | ET ADDRESS              |   |  |               |            |      |
| CITY-ST-ZIP                               | MERRITT ISLAND FL 32953   | •  | CITY-   | ST-ZIP                  |   |  |               | ļ          |      |
| TITLE                                     |   | ☐ Delete   | TITLE   |                         | 411.                                    |  | ☐ Change      | ☐ Addition |      |
| NAME                                      |   | * • •  | ` NAME  |                         |   |  | -             |            |      |
| STREET ADDRESS                            |   |  |   | T ADDRESS ·             |   |  |               |            |      |
| CITY-ST-ZIP                               | • •   |  | CITY-   | ST-ZIP                  |   |  |               | J          |      |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 

Efras Paula Berntrant 4/15/03