

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006300

FILED  
May 16, 2006  
Secretary of State

**Entity Name:** RIVER OAK AT PONTE VEDRA BEACH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2683 ST. JOHNS BLUFF ROAD, SUITE 155  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

2683 ST. JOHNS BLUFF ROAD, SUITE 155  
JACKSONVILLE, FL 32246

**New Mailing Address:**

2931 PLUMMER COVE ROAD  
JACKSONVILLE, FL 32223

**FEI Number:** 04-3768614      **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:**

BEEKIN, T. GEOFFREY ESQ.  
ONE INDEPENDENT DRIVE  
SUITE 2200  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

HEEKIN, T. GEOFFREY ESQ.  
ONE INDEPENDENT DRIVE  
SUITE 2200  
JACKSONVILLE, FL 32202 US

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: T. GEOFFREY HEEKIN

05/16/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARTLETT, BARON L  
Address: 135 PROFESSIONAL DR., SUITE 101  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V ( ) Delete  
Name: KUESTER, KEN  
Address: 135 PROFESSIONAL DR., SUITE 101  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST ( ) Delete  
Name: HIERS, CHUCK  
Address: 135 PROFFESIONAL DR., SUITE 101  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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 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: BARON L. BARTLETT

P

05/16/2006

Electronic Signature of Signing Officer or Director

Date