


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90078 025 ****61.25

DOCUMENT # N03000006300

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



Principal Place of Business
2683 ST. JOHNS BLUFF ROAD, SUITE 155 JACKSONVILLE, FL 32246

Mailing Address
2931 PLUMMER COVE ROAD JACKSONVILLE, FL 32223



2. Principal Place of Business - No P.O. Box #
11512 Lake Mead Avenue

3. Mailing Address
7643 Gate Parkway

Suite-Apt. #, etc.
Suite 405

Suite, Apt. #, etc.
Suite 104, Pmb 108

04232007 Chg-NP CR2E037 (12/06)

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
04-3768614

Applied For
 Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Kim Balaskiewicz

Street Address (P.O. Box Number is Not Acceptable)
11512 Lake Mead Avenue

Suite 405

City
Jacksonville

FL

Zip Code
32256

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 *Kim Bz* DATE 4/23/07

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTLETT, BARON L 135 PROFESSIONAL DR., SUITE 101 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUESTER, KEN 135 PROFESSIONAL DR., SUITE 101 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Baron L Bartlett* DATE 4/26/07 DAYTIME PHONE # 904 285-5299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR