



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

04-24-2008 90113 040 ****61.25

DOCUMENT # N0300006300					
1. Entry Name RIVER OAK AT PONTE VEDRA BEACH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11512 LAKE MEAD AVENUE SUITE 405 JACKSONVILLE, FL 32256		Mailing Address 7643 GATE PARKWAY SUITE 104 PMB 188 JACKSONVILLE, FL 32256		66016165	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04102008 Chg-NP CR2E037 (12/08)	
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 04-3788614				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name: Kim → Kim 11512 LAKE MEAD AVENUE SUITE 405 JACKSONVILLE, FL 32256			Name: Balaskiewicz Street Address (P.O. Box Number is Not Acceptable) City: _____ FL Zip Code: _____		
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: <i>Kim Bz</i>		Kim Balaskiewicz Property Mgr. 4-10-08 DATE			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTLETT, BARON L		NAME	Norma Rea	
STREET ADDRESS	135 PROFESSIONAL DR., SUITE 101		STREET ADDRESS	7643 Gate Parkway, Suite 104 PMB 188	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUESTER, KEN		NAME	Mark Collins	
STREET ADDRESS	135 PROFESSIONAL DR., SUITE 101		STREET ADDRESS	7643 Gate Parkway, Suite 104 PMB 188	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIERS, CHUCK		NAME	Jack Sumner	
STREET ADDRESS	135 PROFESSIONAL DR., SUITE 101		STREET ADDRESS	7643 Gate Parkway, Suite 104 PMB 188	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	John Veal	
STREET ADDRESS			STREET ADDRESS	7643 Gate Parkway, Suite 104 PMB 188	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Kim Bz Prop Mgr.</i>		Kim Balaskiewicz		4-10-08 904-641-1858	
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	