

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N03000006300

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

Current Principal Place of Business:

11512 LAKE MEAD AVENUE
SUITE 405
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7643 GATE PARKWAY
SUITE 104 PMB 188
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 04-3768614 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVENUE
SUITE 405
JACKSONVILLE, FL 32256 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: P () Delete
Name: REA, NORMA
Address: 7643 GATE PARKWAY STE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: COLLINS, MARK
Address: 7643 GATE PARKWAY STE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: SUMMER, JACK
Address: 7643 GATE PARKWAY STE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: VEAL, JOHN
Address: 7643 GATE PARKWAY STE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

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:

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: KIM BALASKIEWICZ

MGR

04/07/2009

Electronic Signature of Signing Officer or Director

Date