


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90034 034 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N03000007767</b>   |  |
| 1. Entity Name<br><b>RIVER OAKS VILLAS HOMEOWNERS' ASSOCIATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1520 SW 23 ST.<br/>FORT LAUDERDALE, FL 33315</b> | Mailing Address<br><b>1520 SW 23 ST.<br/>FORT LAUDERDALE, FL 33315</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>1508 SW 23 ST</b> | 3. Mailing Address<br><b>1508 SW 23 ST.</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                         |

|   |  |
|---|--|
| City & State<br><b>Ft. Lauderdale, FL</b> | City & State<br><b>Ft. Lauderdale FL</b> |
| Zip<br><b>33315</b>                       | Country<br><b>USA</b>                    |
| Zip<br><b>33315</b>                       | Country<br><b>USA</b>                    |



01232007 Chg-NP CR2E037 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>03-0531871</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                           |  |
| <b>ROBBIE, RICHARD J<br/>1520 SW 23 ST.<br/>FORT LAUDERDALE, FL 33315</b> |  |

|  |                          |
|--|--------------------------|
| 7. Name and Address of New Registered Agent                                    |                          |
| Name <b>Julie T. Streeter</b>  |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1508 SW 23 Street</b> |                          |
| City <b>Ft Lauderdale</b>  | FL Zip Code <b>33315</b> |

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  <b>vice president</b>                        | DATE <b>1/24/07</b> |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |                     |

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>ROBBIE, RICHARD J<br/>1520 SW 23 ST.<br/>FORT LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V<br/>STREETER, JULIE<br/>1508 SW 23 ST.<br/>FORT LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>S<br/>STENGEL, PAUL J<br/>1524 SW 23 ST.<br/>FORT LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  **vice president** **1/24/07 084 439 0007**  
**Julie Streeter**