
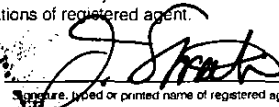
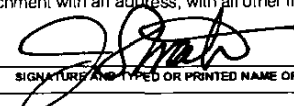


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90366 042 ****61.25

DOCUMENT # N03000007767 1. Entity Name RIVER OAKS VILLAS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1520 SW 23 ST. FORT LAUDERDALE, FL 33315		Mailing Address 1520 SW 23 ST. FORT LAUDERDALE, FL 33315	
2. Principal Place of Business - No P.O. Box # 1508 SW 23 ST.		3. Mailing Address 1508 SW 23 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale		City & State Ft. Lauderdale FL	
Zip 33315 FL		Zip 33315	
Country		Country	
4. FEI Number 03-0531871		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 ROBBIE, RICHARD J 1508 SW 23 ST FORT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name Julie Streeter Street Address (P.O. Box Number is Not Acceptable) 1508 SW 23 ST. City Ft. Lauderdale FL Zip Code 33315	
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: 		DATE: 4/24/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBIE, RICHARD J 1520 SW 23 ST. FORT LAUDERDALE, FL 33315 <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 STREETER, JULIE 1508 SW 23 ST. FORT LAUDERDALE, FL 33315 <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	S STENGEL, PAUL J 1524 SW 23 ST. FORT LAUDERDALE, FL 33315 <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	<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	<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	<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: 		DATE: 4/24/08	

40085583



04232008 Chg-NP CR2E037 (12/06)

Please make these changes
They were not made last year - See attached.

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


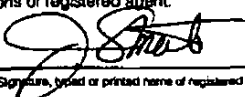
FILED
Jan 26, 2007 8:00 am
Secretary of State

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

ATTACHMENT

40085583

01232007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000007767					
1. Entity Name RIVER OAKS VILLAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1520 SW 23 ST. FORT LAUDERDALE, FL 33315			Mailing Address 1520 SW 23 ST. FORT LAUDERDALE, FL 33315		
2. Principal Place of Business - No P.O. Box # 1508 SW 23 ST		3. Mailing Address 1508 SW 23 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale FL		4. FEI Number 03-0531871	
Zip 33315	Country USA	Zip 33315	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBBIE, RICHARD J 1520 SW 23 ST. FORT LAUDERDALE, FL 33315			7. Name and Address of New Registered Agent Name Julie T. Streeter Street Address (P.O. Box Number is Not Acceptable) 1508 SW 23 Street City Ft. Lauderdale FL Zip Code 33315		
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  Vice president 1/24/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$81.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBBIE, RICHARD J		NAME		
STREET ADDRESS	1520 SW 23 ST.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREETER, JULIE		NAME		
STREET ADDRESS	1508 SW 23 ST.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STENGEL, PAUL J		NAME		
STREET ADDRESS	1524 SW 23 ST.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP		
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		
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		
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:



Vice President 1/24/07 034 439 0007
Julie Streeter

Changes were made on 2007 return not made.