2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300007767 1. Entity Name RIVER OAKS VILLAS HOMEOWNERS' ASSOCIATION, INC.				C	4-28-2008 9036	66 042 ****6	1.25
Principal Place of Business 1520 SW 23 ST. FORT LAUDERDALE, FL 33315		Mailing Address 1520 SW 23 ST. FORT LAUDERDALE, FL	33315	400	85583		
	Place of Business - No P.O. Box #	3. Mailing Address					
	8 SW 23 St.	ISON SW Z	<u> 3 ST. </u>				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		04232008 CI	hg-NP CR2	2E037 (12/06)	
City & Stat	ovderdale	City & State Ct. Laudes	dale FL	4. FEI Number 03-053187	1		oplied For ot Applicable
33315 FL		Zip 33315	Country	5. Certificate of St	atus Desired	\$8.75 Add	litional
יין קונככב	6. Name and Address of Current F	<u> </u>	-	7. Name and Add	ress of New Registe	Fee Require red Agent	a
	DICHARD		Name J	lie Stree			
ROBBIE, RICHARD J 1508 SW 23 ST			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
FORT LAU	JDERDALE, FL 33315			<u> </u>	37.		
			City C		1 .	Zip_Cod	e
8 The above	e named entity submits this statement for	the nurnose of changing its re		lauderda		FL 23433	315
	tions of registered agent.	the purpose of changing its it	egistered office of regis	sered agent, or both, in	the State of Florida. I	am ramiliar with,	and accept
	A LAND	. 1 -21 10	n (/				
SIGNATURĖ	Spriedure, typed or printed name of registered agent a	and title if applicable, (NOTE:	J & Registered Agent signature requ	ered when reinstating)			
				· •	_		
	10 No.						
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		heck payable to	
10.		Trust Fund Co		Added to Fees	Florida De	partment of S	tate
10.	Due by May 1, 2008	Trust Fund Co	ontribution.		Florida De	partment of S	tate
TITLE	OFFICERS AND DIR P ROBBIE, RICHARD J	Trust Fund Co	11. TITLE NAME	Added to Fees	Florida De	D DIRECTORS IN	tate
TITLE NAME STREET ADDRESS	P ROBBIE, RICHARD J 1520 SW 23 ST	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida De	D DIRECTORS IN	tate
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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # N03000007767** 01-26-2007 90034 034 ****61.25 1. Entity Name RIVER OAKS VILLAS HOMEOWNERS' ASSOCIATION, ATTACHMENI INC. Principal Place of Business Mailing Address 1520 SW 23 ST. 1520 SW 23 ST. FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 2. Principal Place of Business - No P.O. Box # J. Mailing Address 1508 SW 23 St 1508 SW Suita, Apt. #, etc. Suite, Apt. #, etc. 01232007 CR2E037 (12/06) City & State Applied For 4. FEI Number 03-0531871 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Strector ROBBIE, RICHARD J 1520 SW 23 ST. FORT LAUDERDALE, FL 33315 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 the obligations of registered agent. 24/07 SIGNATURE Make check payable to \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES OFFICERS AND DIRECTORS ORS IN 10 10. 11. Delete BILE TITLE ROBBIE, RICHARD J NAME NAME STREET ADDRESS 1520 SW 23 ST. STRIFT ADDRESS FORT LAUDERDALE, FL 33315 CITY-ST-ZP CITY-53-70 Oelets TITLE TELLE STREETER, JULIE 1446 NAME STREET ADDRESS 1508 SW 23 ST. STREET ADDRESS FORT LAUDERDALE, FL 33315 CITY-SI-7P CITY-ST-ZP MILE Change ☐ Defets ШΠ STENGEL, PAUL J NAME NAME 1524 SW 23 ST. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33315 CITY-ST-ZIP CITY-ST-20 ☐ Addition ☐ Defete TITLE MLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-20 Delete MILE TITLE NAME MARKET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-7P Delete ITLE MLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

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 ceth; 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.

Vice President 1/24/08 954 439 0007

FILED

Jan 26, 2007 8:00 am