2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N05000000580

1. Entity Name

RIVER OAK GROVE HOMEOWNERS ASSOCIATION, INC.



FILED Feb 19, 2008 08:00 AM Secretary of State

Principal Plece of Business

13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974 Mailing Address

13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974



02142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 34-2033175

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEHAYS, KAREN 13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974

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OREECHOBEE, FL 349/4			IN THIS SPACE		
 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 Signature, typed or printed name of regressred agent and title if apolicable. (NOTE: Registered.			Agent aignetum	required when reinstating)	DATE
	Filing Fee Is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees	000000832378 02/27/08-80057-005 61:25:
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEHAYS, STEVEN W. 13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEHAYS, KAREN 13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CRUM, COREY A 14097 SW 16TH COURT OKEECHOBEE, FL 34974 DVP HATTEN, MICHAEL 13186 SW 16TH COURT			DO NOT WRITE	
TITLE NAME STREET ADDRESS			IN THIS SPACE		

12. I hereby certify that the information supplied with this filling 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 trystee 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 place I like empowered.

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OKEECHOBEE, FL 34974

14067 SW 16TH COURT

OKEECHOBEE, FL 34974

MCKEON, CHRIS

Mys Karen DeHays

2/15/08 863 467-8889