

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009608

FILED
Apr 17, 2007
Secretary of State

Entity Name: RIVER OAKS ESTATES COMMUNITY ASSOCIATION INC.

Current Principal Place of Business:

C/O ADVANCED PROPERTY MANAGEMENT
1978 ROCKLEDGE BLVD SUITE 106
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

5409 ROBLES LANE
ROCKLEDGE, FL 32955 US

Current Mailing Address:

C/O ADVANCED PROPERTY MANAGEMENT
1978 ROCKLEDGE BLVD SUITE 106
ROCKLEDGE, FL 32955 US

New Mailing Address:

5409 ROBLES LANE
ROCKLEDGE, FL 32955 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEACHAM & CLARK LLC
7025 N WICKHAM ROAD
SUITE 113B
MELBOURNE, FL 32940 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: PD () Delete
Name: EUBANK, JOANN C
Address: 5409 ROBLES LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: SD () Delete
Name: BAKSHI, SHAKTI
Address: 1460 CAPE SABLE DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: TD () Delete
Name: CLARK, ROSS W
Address: 1697A HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANN C. EUBANK

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date