

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09660

FILED
Apr 23, 2007
Secretary of State

Entity Name: RIVER OAKS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

946 SW 20 STREET
FT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 22045
FORT LAUDERDALE, FL 33335 US

New Mailing Address:

FEI Number: 59-2632121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND, GAYLE
946 SW 20 STREET
FORT LAUDERDALE, FL 33315 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: BYK, DENNIS
Address: 934 SW 18 CT
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VD () Delete
Name: MADFIR, MICHAEL
Address: 1041 SW 17 STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: SD () Delete
Name: WRIGHT, SOPHIE
Address: 1315 AVOCADO ISLE
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: T () Delete
Name: HOLLAND, GAYLE
Address: 946 SW 20 STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MADFIS, MICHAEL
Address: 1041 SW 17 STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: SD (X) Change () Addition
Name: THOMSON, CHERI
Address: 1718 SW 20 ST
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GAYLE HOLLAND

Electronic Signature of Signing Officer or Director

MRS.

04/23/2007

Date