

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2009  
Secretary of State**

DOCUMENT# N09660

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: MADFIS, MICHAEL  
Address: 1041 SW 17 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VD ( ) Delete  
Name: LENTNER, DARIN  
Address: 220 NE 51 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33334

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: BRYANT, BIANCA  
Address: 1722 SW 20 STREET  
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

T

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date