

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N12198

1. Entity Name
RIVER OAK CENTER ASSOCIATION, INC.



Principal Place of Business
401 EAST OSCEOLA STREET
1ST FLOOR
STUART, FL 34994

Mailing Address
POST OFFICE BOX 66
STUART, FL 34995



04012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0028209

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E
401 E OSCEOLA ST.
1ST FLOOR
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
THOMPSON, DENNIS S
401 EAST OSCEOLA STREET
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDS
GOOGE, HOWARD E
401 EAST OSCEOLA STREET
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
SUITS, THOMAS C
401 EAST OSCEOLA STREET
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1107000292140
04/07/05-80058-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard E. Googe VP/D 4-4-05 772-286-2990
HOWARD E. GOOGE