

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 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**



01172006 No Chg-NP CR2ED37 (11/05)

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

**GOUGE, 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, 2006**

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
GOUGE, 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

U000000423992
02/22/06-80030-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD E. GOUGE

Date

Daytime Phone #

2-8-06 772-286-2990