

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12198

FILED
Jan 27, 2009
Secretary of State

Entity Name: RIVER OAK CENTER ASSOCIATION, INC.

Current Principal Place of Business:

401 EAST OSCEOLA STREET
1ST FLOOR
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 66
STUART, FL 34995

New Mailing Address:

401 EAST OSCEOLA STREET
1ST FLOOR
STUART, FL 34994

FEI Number: 65-0028209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOOGE, HOWARD E
401 E OSCEOLA ST.
1ST FLOOR
STUART, FL 34994 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: VPD () Delete
Name: THOMPSON, DENNIS S
Address: 401 EAST OSCEOLA STREET
City-St-Zip: STUART, FL 34994

Title: PDS () Delete
Name: GOOGE, HOWARD E
Address: 401 EAST OSCEOLA STREET
City-St-Zip: STUART, FL 34994

Title: VPD () Delete
Name: SUITS, THOMAS C
Address: 401 EAST OSCEOLA STREET
City-St-Zip: STUART, FL 34994

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 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: HOWARD E. GOOGE

PDS

01/27/2009

Electronic Signature of Signing Officer or Director

Date