2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N17360

1. Entity Name
THE RIVER OAK AT CLUB CONTINENTAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2099 WINTERBOURNE EAST STE 400 ORANGE PARK, FL 32073 US	2099 WINTERBOURNE EAST STE 400 ORANGE PARK, FL 32073 US

DO NOT WRITE IN THIS SPACE

04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2737191
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURNELL, ROBERT
2099 E WINTERBOURNE DR E.
UNIT 104
ORANGE PARK, FL 32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURNELL, ROBERT
STREET ADDRESS	2099 WINTERBOURNE DR. E. UNIT 104
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VD
NAME	THOMAS, PATRICIA
STREET ADDRESS	2099 E WINTERBOURNE DR UNIT #107
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	SD
NAME	ANDERSON, SANDRA
STREET ADDRESS	2099 WINTERBOURNE DR. E. UNIT 208
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	NORMAN, SHARON
STREET ADDRESS	2099 WINTERBOURNE DR. E. UNIT 207
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	TD
NAME	REYNARD, ARNIE
STREET ADDRESS	2099 WINTERBOURNE DR. E. UNIT 306
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000703086
04/20/07-80128-003 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 all other like empowered.

SIGNATURE: M Reynard A. REYNARD 4/9/07 9042435135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #