

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N17360

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



Principal Place of Business 2099 WINTERBOURNE EAST STE 400 ORANGE PARK, FL 32073 US	Mailing Address 2099 WINTERBOURNE EAST STE 400 ORANGE PARK, FL 32073 US
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2737191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008

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	

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 05/30/08-80019-022 61.25

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: A. Reynard **A. REYNARD** 3-28-08 904-269-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #