

# 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



04292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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, 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	

000000345720  
05/30/08-80019-022 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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