

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17360

FILED  
Mar 09, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2099 WINTERBOURNE EAST  
UNIT 400  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

2099 WINTERBOURNE EAST  
UNIT 400  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

**FEI Number:** 59-2737191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMPTON, RALPH  
2099 E WINTERBOURNE DR E.  
UNIT 305  
ORANGE PARK, FL 32073 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: PD  
Name: NORMAN, RICHARD R  
Address: 2099 WINTERBOURNE DR. E. UNIT 207  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD  
Name: PRATT, RUSSELL  
Address: 2099 E WINTERBOURNE DR UNIT 201  
City-St-Zip: ORANGE PARK, FL 32073

Title: SD  
Name: SCHADE, SHARON  
Address: 2099 WINTERBOURNE DR. E. UNIT 203  
City-St-Zip: ORANGE PARK, FL 32073

Title: TD  
Name: REYNARD, ARNIE  
Address: 2099 WINTERBOURNE DR. E. UNIT 306  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: IRVINE, VAN  
Address: 2099 WINTERBOURNE DR. E. UNIT 305  
City-St-Zip: ORANGE PARK, FL 32073

Title: AT  
Name: HAMPTON, RALPH C JR  
Address: 2099 WINTERBOURNE DR. E. UNIT 305  
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: SHARON SCHADE

SD

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date