

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2009  
Secretary of State**

DOCUMENT# N17604

Entity Name: RIVER OAKS RESIDENTS, INC.

**Current Principal Place of Business:**

404 OAK RIVER DR  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

404 OAK RIVER DR  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 59-2780370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BELL, WILLIAM C  
404 OAK RIVER DR  
PORT ORANGE, FL 32127      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 ( ) Delete  
Name: DESTEFANO, LEONARD  
Address: 403 OAK PINE DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: VD ( ) Delete  
Name: COBB, TRAVIS  
Address: 414 OAK RIVER DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: STD ( ) Delete  
Name: BELL, WILLIAM C  
Address: 404 OAK RIVER DR  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DESTEFANO, LEONARD  
Address: 403 OAK RIVER DR  
City-St-Zip: PORT ORANGE, FL 32127

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: WILLIAM C. BELL

STD

01/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date