FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

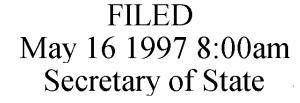
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20635

(1)

VILLAS AT RIVER OAKS HOMEOWNERS' ASSOCIATION, IN

C.
Principal Place of Business Mailing Address





915 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169		315 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169-2638					
					3. Date Incorporated or Qualified 05/13/1987	3a. Date of Last F 02/15/199	
2. Principal Place of Business 2e. Mailing Address					4. FEI Number NOT APPLICABLE	I A	pplied For
21		26			NOT APPLICABLE	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	0	City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country Zip 25 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes W No			
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name	• .		
HOUNSOM, SUSAN 315 FLAGLER AVENUE			82		dress (P.O. Box Number is Not Acceptable)		
NEW SMYRNA BEACH FL 32169			83	1			
			84		· · · · · · · · · · · · · · · · · · ·	FL.	Code
11. Pursuant office or r	to the provisions of Sections 617.0 registered agent, or both, in the Sta	502 and 617.1508, Florida Statut ate of Florida, Such change was a	es, the above	e-named co y the corpor	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing at the appointment as	ts registered registered
	im familiar with, and accept the ob	ligations of, Section 617.0503, Flo	orida Statute) \$.	6.5		,
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Ap	jeni signature req	ulred when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	THOMPSON, MURRAY R		1.2 NAME		•		- 19
STREET ADDRESS	15 CHERYL AVE.		1.3 STREE	T ADDRESS			li
CITY - ST - ZIP	HAMILTON, ONT., CANADA		1.4 CITY-	ST-ZIP			li
TITLE	TD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME :	HOUNSOM, SUSAN		2.2 NAME				
STREET ADDRESS	315 FLAGLER AVE.		2.3 STREE	T ADDRESS	•		1
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32		2. 4 CITY-	ST-ZIP			
THTLE	TD	OELETE	3.1 TOTLE		4	☐ Change	Addition
NAME	O'NEILL, STEPHEN		3.2 NAME				
STREET ADDRESS	BOX 11, SITE 9, SS#1	4	3.3 STREE	T ADDRESS			
CITY-ST-ZIP	SUDBURY, ONT., CANADA F		3.4. CITY -	ST-ZIP		····	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - S1 - ZIP		□ briege	4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY -	ST-ZIP		[] Ob	A detata
TITLE		נ) טבנכונ	6.1 TITLE			Change	Addition
NAME OFFICE ADDRESS			6.2 NAME	1			
STREET ADDRESS				TADDRESS			
CITY-SI-ZIP		Dead wat Also City and a Pro-	6.4 CITY	ST-ZIP	- 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		

- Too nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 12 if changed, prop an attachment with an address.

SIGNATURE

4-29-97

904-427-1212