SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20635

(1)

VILLAS AT RIVER OAKS HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business Malling Address 315 FLAGLER AVENUE 315 FLAGLER AVENUE 3. Date Incorporated or Qualified NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 05/13/1987 Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable 109 N. Causeway 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional Certificate of Status Desired 21 New Smyrna Beach Realt New Smyrna Beach Real Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? New Smyrna Yes 23 Beach 28 New Smyrna Beach, ... No Zip Country Country 8. This corporation owes or has paid the current year Intangible Volusia 32169 Volusia Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 G.M.Sprentall % NSB REalty HOUNSOM, SUSAN Street Address (P.O. Box Number is Not Acceptable) 82 315 FLAGLER AVENUE 109 N. Causeway 83 **NEW SMYRNA BEACH FL 32169** 85 Zip Code 32169 84 City 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent stanature required when reinstating) (2/38) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition ith**om**pson. Murray R NAME 1.2 NAME 15 CHERYL AVE. 1.3 STREET ADDRESS STREET ADDRESS HAMILTON, ONT., CANADA CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE Y DELETE Addition HOUNSOM, SUSAN 2.2 NAME NAME Milton JOhnson 315 FLAGLER AVE. 2.3 STREET ADDRESS STREET ADDRESS 817 US A1A NEW SMYRNA BEACH FL 32169 2.4 CITY-ST-ZIP CITY-ST-ZIP New Smyrna Beach, FL. Change TITLE 3.1 TITLE X DELETE O'NEILL, STEPHEN 3.2 NAME NAME Michael Lopriore BOX 11, SITE 9, SS#1 737 Laural Bay Cr STREET ADDRESS 3.3 STREET ADDRESS SUDBURY, ONT., CANADA FL New Smyrna Beach, FL. CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS**

14. I hereby 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 cath; 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 13 if changed, or on any attachment with an address.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

3 Sep 98 (904)4

Daytime Phone #

Change

Addition

FILED

Oct 07 1998 8:00am

Secretary of State