

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90201 021 ****61.25

DOCUMENT # N20635 1. Entity Name VILLAS AT RIVER OAKS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business LAUREL BAY CIRCLE/SANDPIPER ST. NEW SMYRNA BEACH, FL 32169 US			Mailing Address 507-C HERBERT ST. PORT ORANGE, FL 32129 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3002256	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REIMER, R.L. 507-C HERBERT ST. PORT ORANGE, FL 32129				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reconstituting)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BARRINGER, MARY		NAME		
STREET ADDRESS	731 LAUREL BAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	DALTON, RAYMOND		NAME		
STREET ADDRESS	711 SANDPIPER		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COLLINS, DONALD		NAME		
STREET ADDRESS	722 LAUREL BAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	SD Jens, William	
STREET ADDRESS			STREET ADDRESS	1719 S. Riverside Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Edgewater, FL 32132	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Donald Collins</u> 4/21/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					