


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34674** (4)

1. Corporation Name

**RIVER OAK TRAILS PROPERTY OWNERS ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**6011 ARLINGTON EXPY. #K101  
JACKSONVILLE FL 32211**

**P O BOX 47438  
JACKSONVILLE FL 32247-7438**

3. Date Incorporated or Qualified <b>10/13/1989</b>	3a. Date of Last Report <b>09/16/1996</b>
4. FEI Number <b>59-3065226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>8787 Southside Blvd.</b> Suite, Apt. #, etc. 22 <b>FL</b> City & State 23 <b>JACKSONVILLE</b> Zip 24 <b>32256</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>32407</b> City & State 28 <b>FL</b> Zip 29 <b>32256</b> Country 30 <b>Duval</b>
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDRICK, PAUL**  
**6011 ARLINGTON EXPY. #K101**  
**JACKSONVILLE FL 32211**  
**8787 Southside Blvd. #2407**  
**32256**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Dolores Hendrick* *President* *4/29/97*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDRICK, DOLORES</b> <i>8787 Southside Blvd. #2407</i>	1.2 NAME	
STREET ADDRESS	<b>6011 ARLINGTON EXPY. #K101</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32211 32256</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDRICK, PAUL</b> <i>8787 Southside Blvd. #2407</i>	2.2 NAME	
STREET ADDRESS	<b>6011 ARLINGTON EXPY. #K101</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32211 32256</b>	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEIDEL, ERIC</b>	3.2 NAME	
STREET ADDRESS	<b>3147 NW 109 TERRACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL 33351</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Dolores Hendrick* *President* *4/29/97* *904-563-3062*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006646

CR2E037 (9/96)