

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$125 (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 # N34674 (4)

1. Corporation Name

RIVER OAK TRAILS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

4427 Goodbys Hideaway Dr N  
8787 SOUTHSIDE BLVD.  
#2407  
JACKSONVILLE FL 32256 32217  
US

Mailing Address

P O BOX 42438  
JACKSONVILLE FL 32247-7438

2. Principal Place of Business

2a. Mailing Address

21 4427 Goodbys Hideaway Dr N  
Suite, Apt. #, etc.  
22  
City & State  
23 Jacksonville FL 32217  
Zip Country  
24 32217 25

26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

9. Name and Address of Current Registered Agent

HENDRICK, PAUL

8787 SOUTHSIDE BLVD 4427 Goodbys Hideaway Dr N  
#2407  
JACKSONVILLE FL 32256 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, type for printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HENDRICK, DOLLORES 4427 Goodbys Hideaway Dr N  
STREET ADDRESS 8787 SOUTHSIDE BLVD., #2407  
CITY-STATE-ZIP JACKSONVILLE FL  
TITLE D  
NAME HENDRICK, PAUL 4427 Goodbys Hideaway Dr N  
STREET ADDRESS 8787 SOUTHSIDE BLVD., #2407  
CITY-STATE-ZIP JACKSONVILLE FL  
TITLE D  
NAME SEIDEL, ERIC 129 Lake Shore Dr N  
STREET ADDRESS 3147 NW 109 TERRACE  
CITY-STATE-ZIP SUNRISE FL 33351 Palm Harbor, FL 34684  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14.1 TITLE  
14.2 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 9/16/98 904-731-3453  
Date Daytime Phone #

FILED  
Oct 08 1998 8:00am  
Secretary of State



3. Date Incorporated or Qualified

10/13/1989

4. FEI Number

59-3065226

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

CR2E037 (5/98)