


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 06 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 # **N38569** (2)

1. Corporation Name

**RIVER OAK PLANTATION, PHASE I ASSN., INC.**



Principal Place of Business <b>C/O JOHN L. SOILEAU SUITE C, 1970 MICHIGAN AVENUE COCOA FL 32922-5798</b>	Mailing Address <b>C/O JOHN L. SOILEAU SUITE C, 1970 MICHIGAN AVENUE COCOA FL 32922-5798</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>06/12/1990</b>		3a. Date of Last Report <b>04/04/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3069940</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOILEAU, JOHN L.  
1970 MICHIGAN AVENUE  
SUITE C  
COCOA FL 32923**

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, 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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHLEAU, SHEILA</b>		1.2 NAME <b>MCCOY, DAVID</b>	
STREET ADDRESS <b>3820 HORSE TRAIL CT</b>		1.3 STREET ADDRESS <b>3330 SPARTINA AVE</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>		1.4 CITY-ST-ZIP <b>MERRITT IS FL 32953</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORGERN, JEFFERY</b>		2.2 NAME <b>NORGREN, SHARON</b>	
STREET ADDRESS <b>3290 SPARTINA AVE</b>		2.3 STREET ADDRESS <b>3290 SPARTINA AVE</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>		2.4 CITY-ST-ZIP <b>MERRITT IS FL 32953</b>	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, RON</b>		3.2 NAME <b>KNOLLINGER, SUSAN</b>	
STREET ADDRESS <b>666 OAK LAKE PLACE</b>		3.3 STREET ADDRESS <b>3315 HORSE TRAIL CT</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>		3.4 CITY-ST-ZIP <b>MERRITT IS FL 32953</b>	
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 *[Signature]* SIGNATURE REQUIRED: *[Signature]*

CR2E037 (4/97)