


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90019 039 ****61.25

DOCUMENT # N47233	
1. Entity Name RIVER OAKS COMMUNITY SERVICES ASSOCIATION, INC.	

Principal Place of Business 237 RIVER VALLEY DRIVE DEBARY, FL 32713 US	Mailing Address PO BOX 7149 DAYTONA BEACH, FL 32116-7149
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40031116



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3107906	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JANK, VICKI 41 SEAHAVEN DR. PORT ORANGE, FL 32127		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 *Vicki Jank, CAM Manager* *2/20/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEMANY, JOSEPH			NAME			
STREET ADDRESS	237 RIVER VALLEY DR			STREET ADDRESS			
CITY-ST-ZIP	DEBARY, FL 32713			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEADOWS, GARY			NAME			
STREET ADDRESS	205 RIVER VILLAGE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DEBARY, FL 32713			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, W. KEITH			NAME			
STREET ADDRESS	271 BAYOU CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	DEBARY, FL 32713			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, COREY			NAME	Wilson, Corey		
STREET ADDRESS	224 RIVER VILLAGE DRIVE			STREET ADDRESS	224 River Village Drive		
CITY-ST-ZIP	DEBARY, FL 32713			CITY-ST-ZIP	DeBary, FL 32713		
TITLE	T	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIPER, MILDRED			NAME	Piper, Mildred		
STREET ADDRESS	247 BAYOU CIRCLE			STREET ADDRESS	247 Bayou Circle		
CITY-ST-ZIP	DEBARY, FL 32713			CITY-ST-ZIP	DeBary, FL 32713		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: *Joseph Alemany* *2/20/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #