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Secretary of State
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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66003563

01142008 Chg-NP CR2E037 (12/06)

DOCUMENT # N47233

1. Entity Name
RIVER OAKS COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
237 RIVER VALLEY DRIVE DEBARY, FL 32713 US	PO BOX 7149 DAYTONA BEACH, FL 32116-7149

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 290035
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Port Orange, FL
Zip / Country	Zip: 32129-0035 / Country

4. FEI Number: 59-3107906 ☐ Applied For ☐ Not Applicable

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
JANK, VICKI 41 SEAHAVEN DR. PORT ORANGE, FL 32127	Name: Vicki Jank Street Address (P.O. Box Number is Not Acceptable): 6292 Palm Vista Street City: Port Orange FL Zip Code: 32128

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, C.A.M. Vicki Jank 1/14/08
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALEMANY, JOSEPH 237 RIVER VALLEY DR DEBARY, FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Joseph Alemany 237 River Village Dr. DeBary, FL 32713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MEADOWS, GARY 205 RIVER VILLAGE DRIVE DEBARY, FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Gary Meadows 205 River Village Dr DeBary, FL 32713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROCK, W. KEITH 271 BAYOU CIRCLE DEBARY, FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S W. Keith Brock 271 Bayou Circle DeBary, FL 32713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILSON, COREY 224 RIVER VILLAGE DRIVE DEBARY, FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Timothy Payne DeBary, FL 32713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIPER, MILDRED 247 BAYOU CIRCLE DEBARY, FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mildred Piper 247 Bayou Circle DeBary, FL 32713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 A Alemany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #