

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90053 017 \*\*\*\*61.25

**50014348**



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N48681</b> 1. Entity Name <b>RIVER OAK PLANTATION HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>14453 S.R. 100 WEST LAKE BUTLER FL 32054 US</b>			Mailing Address <b>14453 S.R. 100 WEST LAKE BUTLER FL 32054 US</b>		
2. Principal Place of Business <b>SAME</b> Suite, Apt. #, etc. <b>14453 S.R. 100W.</b>		3. Mailing Address Suite, Apt. #, etc.  			
City & State <b>LAKE BUTLER, FL.</b>		City & State  		4. FEI Number <b>NO-T APPLICABLE</b>	
Zip <b>32050</b>		Country <b>BRADY</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURNS, ED 14453 S.R. 100 WEST LAKE BUTLER FL 32054</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE <b>2-7-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BURNS, ED 14453 S.R. 100 WEST LAKE BUTLER FL 32054</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BURNS, LINDA 14453 S.R. 100 WEST LAKE BUTLER FL 32054</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DUNCAN, MARK 4457 SPINDLE COURT MIDDLEBURG FL 32068</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BURNS, CARROLL 14453 S.R. 100 WEST LAKE BUTLER FL 32054</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
12. 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 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.					
<b>SIGNATURE: <u>Linda L. Burns</u> V.D.</b>					
<div style="display: flex; justify-content: space-between;"> <span><b>2-7-05</b></span> <span><b>904-282-4749</b></span> </div>					