

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N48681

1. Entity Name

RIVER OAK PLANTATION HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

14453 S.R. 100 WEST
LAKE BUTLER FL 32054
US

Mailing Address

14453 S.R. 100 WEST
LAKE BUTLER FL 32054
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

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

BURNS, ED
14453 S.R. 100 WEST
LAKE BUTLER FL 32054

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-1-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	PD	<input type="checkbox"/> Delete
NAME	BURNS, ED	
STREET ADDRESS	14453 S.R. 100 WEST	
CITY- ST- ZIP	LAKE BUTLER FL 32054	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNS, LINDA	
STREET ADDRESS	14453 S.R. 100 WEST	
CITY- ST- ZIP	LAKE BUTLER FL 32054	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNCAN, MARK	
STREET ADDRESS	4457 SPINDLE COURT	
CITY- ST- ZIP	MIDDLEBURG FL 32068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNS, CARROLL	
STREET ADDRESS	14453 S.R. 100 WEST	
CITY- ST- ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda L. Burns VD

2-1-06

904-282-4749