

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48681

FILED
Jan 25, 2009
Secretary of State

Entity Name: RIVER OAK PLANTATION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 14-7988170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURNS, ED
Address: 14453 S.R. 100 WEST
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: VD () Delete
Name: COOK, GERALD
Address: 19487 N.W. 137TH LANE
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: SD () Delete
Name: COOK, CONNIE
Address: 19487 N.W. 137TH LANE
City-St-Zip: LAKE BUTLER, FL 32054

Title: TD () Delete
Name: BURNS, LINDA
Address: 14453 S.R. 100 WEST
City-St-Zip: LAKE BUTLER, FL 32054 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: TUCKER, JOE
Address: 19619 N W 135TH LANE
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BURNS

T D

01/25/2009

Electronic Signature of Signing Officer or Director

Date