

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001354 (9)**

1. Corporation Name

**RIVER OAKS PLANTATION HOMEOWNERS' ASSOCIATION OF ST. JOHNS COUNTY, INC.**



Principal Place of Business <b>2215 EAST STATE ROAD 200 YULEE FL 32097 US</b>	Mailing Address <b>P.O. BOX 1408 FERNANDINA BEACH FL 32034-1408 US</b>
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3. Date Incorporated or Qualified <b>03/16/1994</b>	3a. Date of Last Report <b>04/24/1995</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address P O BOX 1987 Suite, Apt. #, etc. City & State Zip Country	23. FEI Number <b>59-3126016</b>	24. Applied For Not Applicable
25. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	26. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	27. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**POWELL, TERRELL J  
2215 EAST STATE ROAD 200  
SUITE 201  
YULEE FL 32097**

**10. Name and Address of New Registered Agent**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
	<b>2215 EAST STATE ROAD 200</b>		<b>YULEE FL</b>	<b>32097</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP MONTGOMERY, MITCHELL R 9000 REGENCY SQUARE BLVD., #201 JACKSONVILLE FL 32211</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9440 PHILLIPS HIGHWAY SUITE 9 JACKSONVILLE FL 32256</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV LAPOINTE, KENNETH J 9000 REGENCY SQUARE BLVD., #201 JACKSONVILLE FL 32211</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9440 PHILLIPS HIGHWAY SUITE 9 JACKSONVILLE FL 32256</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST HITE, PATSY A 9000 REGENCY SQUARE BLVD., #201 JACKSONVILLE FL 32211</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9440 PHILLIPS HIGHWAY SUITE 9 JACKSONVILLE FL 32256</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Patsy A. Hite*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-2-96* (904) 260-8446  
Date Daytime Phone #

CR2E037 (12/95)