FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2215 EAST STATE ROAD 200

SIGNATURE:

YULEE FL 32097



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

(904)260-944

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400001354 (9)

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

Mailing Address
P.O. BOX 1987

YULEE FL 32041-1987

		00			3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied S9-3126016 Not Applied		
Suite, Apt. #, etc		Suite, Apt. #, etc.			AA TE		
22		27			5. Certificate of Status Desired Fee Require		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fe		
Zip	Country	Zip	Coun	try	8. This corporation has liability for intangible tax under s. 199	.032,	
24 25 29 3 9. Name and Address of Current Registered Agent			30		Florida Statutes Yes 🔼 No 10. Name and Address of New Registered Agent		
	9. Name and Address of Current	registered Agent	-	1 Name	10. Name and Address of New Hegistered Agent		
	TERRE!		[]	, idanio			
	, TERRELL J			82 Street Address (P.O. Box Number is Not Acceptable)			
YULEE F	ST STATE ROAD 200			83			
TOLLE F	L 32081						
			l	34 City	FL 85 Zip Code	t	
agent. Far	n familiar with, and accept the obligat	ions of, Section 617.0503, Fit	orida Statu	les.	ation's board of directors. I hereby accept the appointment as regis	tered	
12.	Signature typed or printed name of registered agen OFFICERS AND		E: Registered	Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	DP OFFICERS AND	DELETE	1.1 7171	F T		Addition	
NAME	MONTGOMERY, MITCHELL R		1.2 NA	- 1	and County 4.7	7 10 4117071	
STREET ADDRESS	9440 PHILLIPS HIGHWAY, SU			EET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL				JACKSONVILLE FL 32256		
TITLE	DV	DELETE	21 7171			Addition	
NAME	LAPOINTE, KENNETH J		22 NA	AE			
STREET ADDRESS	9440 PHILLIPS HIGHWAY, SUI	TE 9	2.3 STA	EET ADDRESS	· ·		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 00	Y-ST-ZIP	JACKSONVILLE FL 32256		
THILE	DST	☐ DELETE	3.1 1111	.E	∠ Change	Addition	
NAME	HITE, PATSY A		3.2 NA	A€			
STREET ADDRESS	9440 PHILLIPS HIGHWAY, SUI	TE 9	3.3 STR	EET ADORESS			
CITY-ST-ZIP	JACKSONVILLE FL				JACKSONVILLE FL 32256		
TITLE		DELETE	4.1 1111	1	Change	Addition	
NAME			4. 2 NA	- 1			
STREET ADDRESS				EET ADDRESS			
CITY+ST-ZIP TITLE	——————————————————————————————————————	DELETE	4.4 CIT	Y-ST-ZIP	Change	Addition	
NAME		perere	5.1 HH 5.2 NA	- I	La Change	radiooli	
				EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	5.4 CII 6.1 TITE		☐ Change	Addition	
NAME			6.2 NAJ	1			
CIREET ADDRESS			ı	ECT ANNUECC			

City-St-ZiP

14. I do 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 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.