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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 2215 EAST STATE ROAD 200 YULEE FL 32097 US	Mailing Address P.O. BOX 1987 YULEE FL 32097-1987 US	3. Date Incorporated or Qualified 03/16/1994	4. FEI Number 59-3126016	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip	28 Country	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 Country	25 Zip	29 32041-1987
30 Country	31 Zip	32 Country

9. Name and Address of Current Registered Agent POWELL, TERRELL J 2215 EAST STATE ROAD 200 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 FL 85 Zip Code
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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 _____ (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	DP MONTGOMERY, MITCHELL R 9440 PHILLIPS HIGHWAY, SUITE 9 JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAPOINTE, KENNETH J 9440 PHILLIPS HIGHWAY, SUITE 9 JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DV Gandy, Royce C. 9440 Phillips Hwy, # 9 JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HITE, PATSY A 9440 PHILLIPS HIGHWAY, SUITE 9 JACKSONVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP JACKSONVILLE FL 32256
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
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
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

14. 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 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* Patsy A Hite Director 3-25-98 (901) 260-8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000490

CR2E037 (10/97)