

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90014 004 ****61.25

DOCUMENT # N94000001354

1. Entity Name

RIVER OAKS PLANTATION HOMEOWNERS' ASSOCIATION OF

Principal Place of Business

Mailing Address

2215 EAST STATE ROAD 200
 YULEE FL 32097
 US

P.O. BOX 1987
 YULEE FL 32041-1987
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3126016**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, MITCHELL R	
STREET ADDRESS	9440 PHILLIPS HIGHWAY, SUITE 9	
CITY-ST-ZIP	JAX FL 32556	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GANDY, ROYCE C	
STREET ADDRESS	9440 PHILLIPS HIGHWAY, SUITE 9	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HITE, PATSY A	
STREET ADDRESS	9440 PHILLIPS HIGHWAY, SUITE 9	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Lynn Watson	
STREET ADDRESS	1905 Beaumont St.	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Al Abbaticello	
STREET ADDRESS	1133 River Birch Rd.	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Haiseisen	
STREET ADDRESS	1193 Cunningham Creek	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Olinski	
STREET ADDRESS	1203 Beaumont	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	ARTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Johnson	
STREET ADDRESS	1100 Mill Creek	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Fleming	
STREET ADDRESS	1156 Ashmore Drive	
CITY-ST-ZIP	Jacksonville, FL 32259	

12. 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 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: E. Lynn Watson, President / E. LYNN WATSON 2/24/2000 904 287-6313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)