


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000001354
 1. Entity Name
 RIVER OAKS PLANTATION HOMEOWNERS' ASSOCIATION OF ST. JOHNS COUNTY, INC.



Principal Place of Business 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 US	Mailing Address 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 US
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3126016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARKS, ANNA M
 C/O MAY MGMT SERVICES, INC.
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

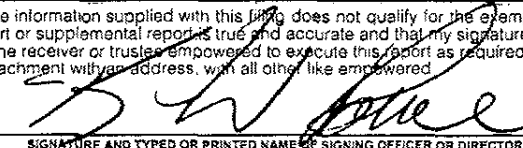
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LARKIN, ROBERT
STREET ADDRESS	1188 MILL CREEK DR
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	VP
NAME	HAWKINS, JEFFREY
STREET ADDRESS	1149 MILL CREEK DR
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	T
NAME	ROWE, KEVIN
STREET ADDRESS	1121 DOVER DR
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	S
NAME	O'CONNOR, RICHARD
STREET ADDRESS	1404 SHERBROOKE COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000670072
 03/27/07-80098-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 3/16/07 DAYTIME PHONE #: 904-386-6382