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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001389 (3)

1. Corporation Name

RIVER OAKS OF DESOTO HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

12865 S.W. HIGHWAY 17
ARCADIA FL 33821

Mailing Address

12865 S.W. HIGHWAY 17
ARCADIA FL 33821



3. Date Incorporated or Qualified
03/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, JEFFREY S
240 S. PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34238

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 12865 S.W. Hwy 17

84 City

Arcadia

FL

85 Zip Code

34266

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 Gail Varner

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

(NOTE: Registered Agent signature required when reinstating)

3-20-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME RUSSELL, JEFFREY S
STREET ADDRESS 240 S. PINEAPPLE AVENUE
CITY-ST-ZIP SARASOTA FL 34238 ☐ DELETE

TITLE TD
NAME KENNEDY, REBECCA J
STREET ADDRESS 240 S. PINEAPPLE AVENUE
CITY-ST-ZIP SARASOTA FL 34238 ☐ DELETE

TITLE SD
NAME ABEL, SARALYN
STREET ADDRESS 240 S. PINEAPPLE AVENUE
CITY-ST-ZIP SARASOTA FL 34238 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D
1.2 NAME R.J. Varner
1.3 STREET ADDRESS 12865 S.W. Hwy 17
1.4 CITY-ST-ZIP Arcadia, FL 34266 ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME VP Robert Varner, Jr.
2.3 STREET ADDRESS 12865 S.W. Hwy 17
2.4 CITY-ST-ZIP Arcadia, FL 34266 ☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME S Gail Varner
3.3 STREET ADDRESS 12865 S.W. Hwy 17
3.4 CITY-ST-ZIP Arcadia, FL 34266 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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: Gail Varner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 941993-404

Date

Daytime Phone # 0076306

CR2E037 (9/96)