

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90033 002 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                     |                                                                                                                                                                     |                                                                                   |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>DOCUMENT # N97000000578</b><br>1. Entity Name<br><b>RIVER OAKS III HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                     |                                                                                                                                                                     |  |                                                       |
| Principal Place of Business<br><b>RIVER VILLAGE DRIVE<br/>DEBARY, FL 32713 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                     | Mailing Address<br><b>P.O. BOX 7149<br/>DAYTONA BEACH, FL 32226-7149</b>                                                                                            |                                                                                   |                                                       |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 3. Mailing Address                                                                  |                                                                                                                                                                     |                                                                                   |                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                     |                                                                                   |                                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | City & State                                                                        |                                                                                                                                                                     |                                                                                   |                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                       | Zip                                                                                 | Country                                                                                                                                                             |                                                                                   |                                                       |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                         |                                                                                   |                                                       |
| <b>KING, JOAN<br/>160 KEY COLONY COURT<br/>DAYTONA BEACH SHORES, FL 32118</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                     | Name <u>Vicki Jank</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>41 Seabaven Drive</u><br>City <u>Ponce Inlet</u> <b>FL</b> Zip Code <u>32127</u> |                                                                                   |                                                       |
| 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.<br>SIGNATURE <u>Vicki Jank, C.A.M.</u> <u>Vicki Jank</u> <u>1/21/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                      |                                                                                                               |                                                                                     |                                                                                                                                                                     |                                                                                   |                                                       |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                     | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |                                                       |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                     |                                                                                                                                                                     |                                                                                   |                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                               |                                                                                   |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DP<br/>MEADOWS, GARY<br/>205 RIVER VILLAGE DRIVE<br/>DEBARY, FL 32713</b> <input type="checkbox"/> Delete  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>KOWALSKI, CRAIG<br/>203 RIVER VILLAGE DRIVE<br/>DEBARY, FL 32713</b> <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>SHUK, MARK<br/>197 RIVERVILLAGE DR<br/>DEBARY, FL 32713</b> <input type="checkbox"/> Delete          |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                                       |
| 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. |                                                                                                               |                                                                                     |                                                                                                                                                                     |                                                                                   |                                                       |
| <b>SIGNATURE:</b> <u>Gary Meadows</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     | <u>1-17-06</u><br><small>Date</small>                                                                                                                               |                                                                                   | <u>386-753-0590</u><br><small>Daytime Phone #</small> |

Gary Meadows