

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000578

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** RIVER OAKS III HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

RIVER VILLAGE DRIVE  
DEBARY, FL 32713 US

**New Principal Place of Business:**

931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

P.O. BOX 290035  
PORT ORANGE, FL 32129

**New Mailing Address:**

931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792 US

**FEI Number:** 59-3425200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JANK, VICKI  
6296 PALM VISTA STREET  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

HARA MANAGEMENT, INC.  
931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792 US

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: ROBERT HARA

04/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MEADOWS, GARY  
Address: 205 RIVER VILLAGE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: KOWALSKI, CRAIG  
Address: 203 RIVER VILLAGE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: SHUK, MARK  
Address: 197 RIVERVILLAGE DR  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MEADOWS, GARY  
Address: 205 RIVER VILLAGE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: VPD (X) Change ( ) Addition  
Name: DAVIDSON, JON A  
Address: 219 RIVER VILLAGE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: STD (X) Change ( ) Addition  
Name: KOWALSKI, CRAIG  
Address: 17752 W. WHEELER LAKE LANE  
City-St-Zip: LAKEWOOD, WI 54138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MEADOWS

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date