

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069459

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: RIVER OAKS APARTMENTS MANAGEMENT CORPORATION

**Current Principal Place of Business:**

8027 PEBBLE CREEK LANE WEST  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

8027 PEBBLE CREEK LANE WEST  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-3744338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SACKS, CATHY L  
8027 PEBBLE CREEK LANE WEST  
PONTE VEDRA BEACH, FL 32082

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SACKS, CATHY L  
Address: 8027 PEBBLE CREEK LANE WEST  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD ( ) Delete  
Name: SACKS, ROBERT W  
Address: 8027 PEBBLE CREEK LANE WEST  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete  
Name: NAS, ROBERT A  
Address: 125 LAUREL RIDGE RD  
City-St-Zip: REINHOLDS, PA 17569

Title: S ( ) Delete  
Name: NASS, KEVI L  
Address: 125 LAUREL RIDGE RD  
City-St-Zip: REINHOLDS, PA 17569

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: NASS, ROBERT A  
Address: 125 LAUREL RIDGE RD  
City-St-Zip: REINHOLDS, PA 17569

Title: S (X) Change ( ) Addition  
Name: NASS, KERI L  
Address: 125 LAUREL RIDGE RD  
City-St-Zip: REINHOLDS, PA 17569

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W SACKS

VD

04/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date