

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000096897****1. Entity Name**

RIVER OAKS HOUSING ASSOCIATES, INC.

Principal Place of Business

1006 BECKSTROM DRIVE

OVIEDO
32765

FL

Mailing Address

1006 BECKSTROM DRIVE

OVIEDO
32765

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****59-3627744****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**EDWARDS BECKY T
C/O BNG PARTNERS, INC.
1006 BECKSTROM DRIVE
OVIEDO
32765 US

FL

7. Name and Address of New Registered Agent**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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.****SIGNATURE BECKY EDWARDS****03/15/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)****FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.****\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME EDWARDS BECKY T
STREET ADDRESS 1006 BECKSTROM DRIVE
CITY-ST-ZIP OVIEDO FL 32765**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☒ Addition
NAME BAMBERGER GLEN F
STREET ADDRESS 1006 BECKSTROM DRIVE
CITY-ST-ZIP OVIEDO FL 32765**TITLE** ☐ Change ☒ Addition
NAME EDWARDS EUGENE A
STREET ADDRESS 1006 BECKSTROM DRIVE
CITY-ST-ZIP OVIEDO FL 32765**TITLE** ☒ Change ☐ Addition
NAME EDWARDS BECKY T
STREET ADDRESS 1006 BECKSTROM DRIVE
CITY-ST-ZIP OVIEDO FL 32765**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. I 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE** Becky Edwards**Prox** 03/15/2000