

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715001

Entity Name: RIVER OAKS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**5127 LEEWARD WAY
ORLANDO, FL 32809**Current Mailing Address:**5127 LEEWARD WAY
ORLANDO, FL 32809 US**FEI Number:** 59-2030685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, AIDA
348 HARBOUR ISLAND RD
ORLANDO, FL 32809 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:** AIDA MARTIN

04/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	SECRETARY, DIRECTOR
Name	LAROCHE, JANET	Name	DEMONSTENE , TINA
Address	469 HARBOUR ISLAND RD	Address	5106 LEEWARD WAY
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	DIRECTOR	Title	DIRECTOR, VP
Name	BERING, RICHARD K.	Name	ZABLE, TERRENCE J
Address	5145 THE OAKS CR	Address	5073 THE OAKS CR
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	DIRECTOR, TREASURER	Title	DIRECTOR
Name	MARTIN, AIDA	Name	AMOS, JOSEPH L. JR.
Address	5127 LEEWARD WAY	Address	5103 LEEWARD WAY
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	DIRECTOR, PRESIDENT		
Name	PANTALEON, CHRIS		
Address	364 HARBOUR ISLAND RD		
City-State-Zip:	ORLANDO FL 32809		

I hereby 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 all other like empowered.

SIGNATURE: AIDA MARTIN**TREASURER**

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date