

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715001

Entity Name: RIVER OAKS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**5205 S. ORANGE AVENUE
BOX 19
ORLANDO, FL 32809**Current Mailing Address:**5205 S. ORANGE AVENUE
BOX 19
ORLANDO, FL 32809**FEI Number:** 59-2030685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRISLER, LINDA DARLENE
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:** LINDA DARLENE CRISLER

01/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name MUNOZ, DANIEL
Address 5089 THE OAKS CR
City-State-Zip: ORLANDO FL 32809

Title TREASURER, DIRECTOR
Name CRISLER, LINDA DARLENE
Address 348 HARBOUR ISLAND RD
City-State-Zip: ORLANDO FL 32809

Title SECRETARY, DIRECTOR
Name DEMONSTENE , TINA
Address 5106 LEEWARD WAY
City-State-Zip: ORLANDO FL 32809

Title PRESIDENT, DIRECTOR
Name BERING, RICHARD K.
Address 5145 THE OAKS CR
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name ZABLE, TERRENCE J
Address 5073 THE OAKS CR
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name SALZGEBER , LINDA
Address 5033 THE OAKS CR
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name BUTLER, CHARLA D
Address 5020 THE OAKS CR
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: LINDA DARLENE CRISLER**TREASURER**

01/07/2018

Electronic Signature of Signing Officer/Director Detail

Date