

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715001

**Entity Name:** RIVER OAKS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5145 THE OAKS CIRCLE  
ORLANDO, FL 32809

**Current Mailing Address:**

PO BOX 593863  
ORLANDO, FL 32859 US

**FEI Number:** 90-2375086

**Certificate of Status Desired:** Yes

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

BERING, ANITA  
5145 THE OAKS CIRCLE  
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:** ANITA BERING

06/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LAROCHE, JANET  
Address 469 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 TREASURER  
Name BERING, ANITA  
Address 5145 THE OAKS CR  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR, VP  
Name CRANE, JOHN  
Address 492 HARBOUR ISLAND RD  
City-State-Zip: ORLANDO FL 32809

Title PRESIDENT  
Name MUNOZ, DANIEL  
Address 5044 THE OAKS CIRCLE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name STEGMAN, SHANNAN  
Address 5092 LEEWARD WAY  
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:** ANITA BERING

**TREASURER**

06/16/2024

Electronic Signature of Signing Officer/Director Detail

Date