

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749872

Entity Name: RIVER OAKS RECREATION ASSOCIATION, INC.

FILED
Mar 27, 2013
Secretary of State
CC6100189746

Current Principal Place of Business:

11015 N DALE MABRY HWY
SUITE A
TAMPA, FL 33618

Current Mailing Address:

11015 N DALE MABRY HWY
SUITE A
TAMPA, FL 33618 US

FEI Number: 59-2182237

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIDE, AVELINO III
11015 N DALE MABRY HWY
SUITE A
TAMPA, FL 33618 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LILGA, ROBERT
Address 11015 N DALE MABRY HWY SUITE A
City-State-Zip: TAMPA FL 33618

Title DIR
Name STATZ, DENNIS
Address 11015 N DALE MABRY HWY SUITE A
City-State-Zip: TAMPA FL 33618

Title S
Name JONES, GARY
Address 11015 N DALE MABRY HWY SUITE A
City-State-Zip: TAMPA FL 33618

Title T
Name ROSS, MINNIE
Address 11015 N DALE MABRY HWY SUITE A
City-State-Zip: TAMPA FL 33618

Title D
Name JACOB, MARY
Address 11015 N DALE MABRY HWY SUITE A
City-State-Zip: TAMPA FL 33618

Title VP
Name RINCK, CHRISTIE DR
Address 11015 N DALE MABRY HWY SUITE A
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name BROWN, PHILLIS
Address 11015 N DALE MABRY HWY
SUITE A
City-State-Zip: TAMPA FL 33618

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: ROBERT LILGA

PRESIDENT

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date