

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756255

Entity Name: RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.**Current Principal Place of Business:**2906 BUSCH LAKE BLVD
TAMPA, FL 33614**Current Mailing Address:**2906 BUSCH LAKE BLVD
TAMPA, FL 33614 US**FEI Number:** 59-2182235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VIDE, AVELINO III
2906 BUSCH LAKE BLVD
TAMPA, FL 33614 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	DIR
Name	MASON , EARL
Address	2906 BUSCH LAKE BLVD
City-State-Zip:	TAMPA FL 33614

Title	VP, SECRETARY
Name	JONES, GARY
Address	2906 BUSCH LAKE BLVD
City-State-Zip:	TAMPA FL 33614

Title	TRES
Name	BALDERSTON , LOUIS
Address	2906 BUSCH LAKE BLVD
City-State-Zip:	TAMPA FL 33614

Title	PRES
Name	RIVARD, MARCEL
Address	2906 BUSCH LAKE BLVD
City-State-Zip:	TAMPA FL 33614

Title	D
Name	WILSON, OLIVIA
Address	2906 BUSCH LAKE BLVD
City-State-Zip:	TAMPA FL 33614

Title	D
Name	FRANKLIN, DONITA
Address	2906 BUSCH LAKE BLVD
City-State-Zip:	TAMPA FL 33614

Title	DIRECTOR
Name	ANDERSON , CHERYL
Address	2906 BUSCH LAKE BLVD
City-State-Zip:	TAMPA FL 33614

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: MARCEL RIVARD**PRESIDENT****03/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date