2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2025
Secretary of State
6570109061CC

DOCUMENT# N20635

Entity Name: VILLAS AT RIVER OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

817 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

C/O SOUTH ATLANTIC COMMUNITIES
817 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3002256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH ATLANTIC COMMUNITIES
817 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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: BOB LENT 03/25/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	LENT, BOB	Name	NEMETH, KELSEY ANNE
Address	C/O SOUTH ATLANTIC COMMUNITIES 817 N DIXIE FREEWAY	Address	C/O SOUTH ATLANTIC COMMUNITIES 817 N DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	TREASURER	Title	DIRECTOR
Name	LINDSEY, CYNTHIA	Name	WORTON-FRITZ, ANNA RUTH
Address	C/O SOUTH ATLANTIC COMMUNITIES 817 N DIXIE FREEWAY	Address	C/O SOUTH ATLANTIC COMMUNITIES 817 N DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	VP	Title	DIRECTOR
Name	MOSS, CANDACE	Name	VIKEMYR, MELISSA
Address	C/O SOUTH ATLANTIC COMMUNITIES 817 N DIXIE FREEWAY	Address	C/O SOUTH ATLANTIC COMMUNITIES 817 N DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	DIRECTOR		
Name	SAYYAH, RONALD		
Address	C/O SOUTH ATLANTIC COMMUNITIES 817 N DIXIE FREEWAY		
City-State-Zip:	NEW SMYRNA BEACH FL 32168		

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: BOB LENT PRESIDENT 03/25/2025

Electronic Signature of Signing Officer/Director Detail — Date