

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 16, 2017
Secretary of State
CC4453558917

Entity Name: RIVER OAKS PLANTATION HOMEOWNERS' ASSOCIATION OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

1637 RACE TRACK RD
SUITE 206
ST JOHNS, FL 32259

Current Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

FEI Number: 59-3126016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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 DIRECTOR
Name O'CONNOR, RICHARD
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER
Name FENCHEL, RICK
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title PRESIDENT
Name PAULY, STEPHEN D
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title SECRETARY
Name BLISS, GREGORY
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title VP
Name WATSON, LYNN
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name MELLONE, CINDY
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name PLUNKETT, WILLIAM
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

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: CINDY MELLONE

DIRECTOR

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date