

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001354

**FILED**  
**Mar 30, 2018**  
**Secretary of State**  
**CC4849616225**

**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: STEPHEN D PAULY**

**PRESIDENT**

**03/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date