

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766483 (2)
1. Corporation Name

OUTDOOR RESORTS-RIVER RANCH PROPERTY OWNERS ASSOCIATION PHASE ONE, INC. LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
24700 HWY 60 E 24700 HWY 60 E
P O BOX 30030 P O BOX 30030
RIVER RANCH FL 33867 RIVER RANCH FL 33867

3. Date Incorporated or Qualified 01/11/1983 3a. Date of Last Report 05/01/1995

21 24700 HWY 60 E Suite, Apt. #, etc.	26 24700 HWY 60 E Suite, Apt. #, etc.	4. FEI Number 59-2591004	Applied For Not Applicable
22 P.O. BOX 30026 City & State	27 P.O. BOX 30026 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 RIVER RANCH, FL Zip	28 RIVER RANCH, FL Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33867	25 USA	29 33867	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLOWAY, ALBERT C JR
240 PARK AVE.
LAKE WALES FL 33853

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PEAVY, ROY		1.2 NAME HODGE, WILLIAM	
STREET ADDRESS ROAN RD LOT 74		1.3 STREET ADDRESS ROAN RD. LOT #92	
CITY-ST-ZIP RIVER RANCH FL		1.4 CITY-ST-ZIP RIVER RANCH, FL	
TITLE VTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CIMINO, HELEN		2.2 NAME	
STREET ADDRESS ROAN RD. LOT #86		2.3 STREET ADDRESS 800001744228	
CITY-ST-ZIP RIVER RANCH FL		2.4 CITY-ST-ZIP -03/15/96--01023--021	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPANGLER, BOYD		3.2 NAME	
STREET ADDRESS PALOMINO PATH, LOT 41		3.3 STREET ADDRESS	
CITY-ST-ZIP RIVER RANCH FL		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LENHARD, DELORES		4.2 NAME FRANCISCO, LOUISE	
STREET ADDRESS LONG HAMMOCK DR., LOT 104		4.3 STREET ADDRESS ROAN RD. LOT #87	
CITY-ST-ZIP RIVER RANCH FL		4.4 CITY-ST-ZIP RIVER RANCH, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHUFFSTALL, HARRY		5.2 NAME KEBERT, GENE	
STREET ADDRESS 165 LITTLE EGYPT RD		5.3 STREET ADDRESS LONG HAMMOCK DR-LOT #101	
CITY-ST-ZIP SENECA PA		5.4 CITY-ST-ZIP RIVER RANCH, FL	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Helen Cimino

HELEN CIMINO

3/9/96

941-692-1039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Phone #

CR2E037 (12/95)