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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:18

DOCUMENT # **N18907** (8)

1. Corporation Name

OUTDOOR RESORTS RIVER RANCH RV RESORT PROPERTY OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
24700 HWY 60. EAST. MUSTANG CENTER P.O. BOX 30529 RIVER RANCH FL 33867
24700 HWY 60. EAST. MUSTANG CENTER P.O. BOX 30529 RIVER RANCH FL 33867

3. Date Incorporated or Qualified **01/26/1987** 3a. Date of Last Report **04/29/1994**
4. FEI Number **58-1833415** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JONES, HARRISON
378 BEAR TRAIL
RIVER RANCH FL 33867**

10. Name and Address of New Registered Agent
81 Name **Michael Brudny**
82 Street Address (P.O. Box Number is Not Acceptable) **4830 West Kennedy Boulevard #750**
83
84 City **Tampa** FL 85 Zip Code **33609**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **AMM* **Michael L. Brudny**
Signature, typed or printed name of registered agent and fee if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAM, JACKSON SR LOT 224, P.O. BOX 30169 RIVER RANCH FL 33867
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRABHAM, NEIL LOT 406, P.O. BOX 30230 RIVER RANCH FL 33867
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, WILLIAM LOT 408, P.O. BOX 30217 RIVER RANCH FL 33867
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JULIEN, DON LOT 321, P.O. BOX 30321 RIVER RANCH FL 33867
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYOTTE, EDMUND LOT 317, P.O. BOX 30317 RIVER RANCH FL 33867
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHULTZ, R.L. LOT 382, 3010 MONTECITO RD. DENTON TX 76205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P Lykins, Donald F. Lot 583 Waterway Drive River Ranch, FL 33867 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V Margolis, Robert Lot - 359 Possum Path River Ranch, FL 33867 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D Williams, William Lot 408, P.O. Box 30217 River Ranch, FL 33867 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	T Parent, Maureen Lot # 301 Bear Trail River Ranch, FL 33867 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D Bint, James Lot 580 Waterway Drive River Ranch FL 33867 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Dawn L. Heckney* **Dawn L. Heckney** Secretary **6-1-95** **813-692-1116**
Signature and typed or printed name of signing officer or director Date Daytime Phone #