

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18907** (8)

1. Corporation Name

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



Principal Place of Business: 24700 HWY 60, EAST, MUSTANG CENTER, P.O. BOX 30529, RIVER RANCH FL 33867  
Mailing Address: 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: 06/09/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 58-1833415  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
**BRUNDY, MICHAEL  
4830 WEST KENNEDY BLVD  
STE 750  
TAMPA FL 33609**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: P NAME: LYKINS, DONALD F STREET ADDRESS: LOT 583 WATER WAY DR CITY-ST-ZIP: RIVER RANCH FL	<input type="checkbox"/> DELETE
TITLE: V NAME: MARGOIS, ROBERT STREET ADDRESS: LOT 359 POSSUM PATH CITY-ST-ZIP: RIVER RANCH FL	<input type="checkbox"/> DELETE
TITLE: D NAME: WILLIAMS, AILLIAM STREET ADDRESS: LOT 408 P O BOX 30217 CITY-ST-ZIP: RIVER RANCH FL	<input type="checkbox"/> DELETE
TITLE: T NAME: PARENT, MAUREEN STREET ADDRESS: LOT 301 BEAR TRAIL CITY-ST-ZIP: RIVER RANCH FL	<input type="checkbox"/> DELETE
TITLE: D NAME: MAYOTTE, EDMUND STREET ADDRESS: LOT 317, P.O. BOX 30317 CITY-ST-ZIP: RIVER RANCH FL 33867	<input type="checkbox"/> DELETE
TITLE: D NAME: BIRT, JAMES STREET ADDRESS: LOT 580 WATER WAY DR CITY-ST-ZIP: RIVER RANCH FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME: Julien, Don 2.3 STREET ADDRESS: Lot 301 P.O. Box 30317 2.4 CITY-ST-ZIP: River Ranch, FL 33867	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME: Williams, William 3.3 STREET ADDRESS: Lot 408 P.O. Box 30217 3.4 CITY-ST-ZIP: River Ranch FL 33867	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME: Margolis, Robert 4.3 STREET ADDRESS: Lot 359 Possum Path 4.4 CITY-ST-ZIP: 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: Parent, Maureen 6.3 STREET ADDRESS: Lot 301 Bear Trail 6.4 CITY-ST-ZIP: River Ranch, FL 33867	<input checked="" type="checkbox"/> Change <input 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 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 any attachment with an address.

SIGNATURE: Dawn L. Hackney Dawn L. Hackney Sec. 4-3-96 941-692-1116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)