

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90782 012 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N18907** ✓
 1. Entity Name
RIVER RANCH RV RESORT OWNERS ASSN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3400 RIVER RANCH BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 30529
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **RIVER RANCH, FL** City & State **RIVER RANCH, FL** 4. FEI Number **58-1833415** Applied For Not Applicable

Zip **33867** Country **POLK** Zip **33867** Country **POLK** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name **THOMAS C. RHODES**
 Street Address (P.O. Box Number is Not Acceptable)
708 BOUGAINVILLEA DR
 City **INDIAN LAKE ESTATES FL** Zip Code **33855**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	Ray Boyles	NAME	
STREET ADDRESS	451 Waterway Dr.	STREET ADDRESS	
CITY-ST-ZIP	River Ranch, FL 33867	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Robert Schultz	NAME	
STREET ADDRESS	362 Bear Trail	STREET ADDRESS	
CITY-ST-ZIP	River Ranch, FL 33867	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Ted Cobaugh	NAME	
STREET ADDRESS	347 Bear Trail	STREET ADDRESS	
CITY-ST-ZIP	River Ranch, FL 33867	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Richard Walker	NAME	
STREET ADDRESS	558 Waterway Dr.	STREET ADDRESS	
CITY-ST-ZIP	River Ranch, FL 33867	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Karl Peterson	NAME	
STREET ADDRESS	175 E. Appaloosa Tr.	STREET ADDRESS	
CITY-ST-ZIP	River Ranch, FL 33867	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Ed Mayotte	NAME	
STREET ADDRESS	567 Waterway Dr.	STREET ADDRESS	
CITY-ST-ZIP	River Ranch, FL 33867	CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other, I am empowered.

SIGNATURE: **Ray Boyles** **RAY BOYLES** 4-13-02 (863) 692-9279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

Attachment
 Doc# N18907 / 642189

(Cont'd.)

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Susan Rogers 264 Saddle Ln. River Ranch, FL 33867	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E037B (12/01)

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SIGNATURE: Ray Boyles RAY BOYLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-02
 (863) 692-9279
 692-4106
Date Daytime Phone #