

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 04, 2008**  
**Secretary of State**

DOCUMENT# N18907

Entity Name: RIVER RANCH RV RESORT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3400 RIVER RANCH BLVD.  
RIVER RANCH, FL 33867

**New Principal Place of Business:**

**Current Mailing Address:**

30529 RIVER RANCH BLVD.  
RIVER RANCH, FL 33867

**New Mailing Address:**

FEI Number: 58-1833415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STAMBAUGH, HAROLD W  
30529 RIVER RANCH BLVD.  
RIVER RANCH, FL 33867      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KERLEY, MIKE  
Address: 166E. APPALOOSA TRAIL  
City-St-Zip: RIVER RANCH, FL 33867

Title: V      ( ) Delete  
Name: GRUNBERG, BONNIE  
Address: 351 BEAR TRAIL  
City-St-Zip: RIVER RANCH, FL 33867

Title: S      ( ) Delete  
Name: SPERA, NATE  
Address: 366 BOBCAT LANE  
City-St-Zip: RIVER RANCH, FL 33867

Title: T      ( ) Delete  
Name: KEECH, GARY  
Address: 155 HORSESHOE BEND  
City-St-Zip: RIVER RANCH, FL 33867

Title: D      ( ) Delete  
Name: SMURR, STEPHANIE  
Address: 583 WATERWAY DRIVE  
City-St-Zip: RIVER RANCH, FL 33867

Title: D      ( ) Delete  
Name: COBAUGH, TED  
Address: 347 BEAR TRAIL  
City-St-Zip: RIVER RANCH, FL 33867

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ELLIS, PAM  
Address: 196 LONGHORN DRIVE  
City-St-Zip: RIVER RANCH, FL 33867

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIKE KERLEY

PD

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date