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Aug 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004605  
1. Corporation Name  
SINGING RIVER RENDEZVOUS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
3036 11TH STREET W.  
BRADENTON, FLORIDA 34205  
SAME

2. Principal Place of Business 2a. Mailing Address  
21 3036 11TH STREET W. 26 3036 11TH STREET W.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
23 BRADENTON, FL. 28 BRADENTON, FL  
City & State City & State  
24 34205 25 MANATEE 29 34205 30 MANATEE  
Zip Country Zip Country

3. Date Incorporated or Qualified 10-7-96 3a. Date of Last Report 1-1-97  
4. FEI Number  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  
BOBBY J. LAMB, SR.  
3036 11TH STREET W.  
BRADENTON, FLORIDA  
34205

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number if Not Acceptable)  
83  
84 City FL 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 *Bobby J. Lamb Sr* DATE 7-27-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CHAIRMAN <input type="checkbox"/> DELETE
NAME	BOBBY J. LAMB SR.
STREET ADDRESS	3036 11TH ST W.
CITY-ST-ZIP	BRADENTON, FL 36205
TITLE	VICE-CHAIRMAN <input type="checkbox"/> DELETE
NAME	JON R. THOMPSON
STREET ADDRESS	2617 ASHTON ROAD
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	DAVID R. HORNER
STREET ADDRESS	151 MICHIGAN AV.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	DEBRA J. HORNER
STREET ADDRESS	151 MICHIGAN AV.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MARY F. SADLER
STREET ADDRESS	1110 - 63RD AVE E
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MASON ALDRICH
STREET ADDRESS	108 - 46TH ST. N.W.
CITY-ST-ZIP	BRADENTON, FL 34209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE CLARY
1.3 STREET ADDRESS	1818 BUCCANEER DR
1.4 CITY-ST-ZIP	SARASOTA FL 34231
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002269136
6.3 STREET ADDRESS	-08/18/97--01006--009
6.4 CITY-ST-ZIP	***61.25

14. I do 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 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 in an attachment with an address.

SIGNATURE: *David R. Horner* SECRETARY 7-27-97 (941) 474-8803  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
DAVID R. HORNER

CR2E037 (9/96)