

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # N98000000361

1. Corporation Name

River Ridge Country Club Homeowners Assn, Inc.

00 OCT 24 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8201 River Ridge Boulevard
New Port Richey, FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1/20/98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3488169

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation owes the current year intangible
Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Tankel, Robert L., P.A.
1229 Main Street
Dunedin, FL 34698-5333

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D DELETE
NAME Boyce, M.D.
STREET ADDRESS 8201 River Ridge Blvd.
CITY-ST-ZIP New Port Richey, FL 34654

1.1 TITLE Change Addition
1.2 NAME 400003454504--2
1.3 STREET ADDRESS -11/07/00--01020--007
1.4 CITY-ST-ZIP *****63 25 *****63 25

TITLE V/D DELETE
NAME Reynolds, B.J.
STREET ADDRESS 8201 River Ridge Blvd.
CITY-ST-ZIP New Port Richey, FL 34654

2.1 TITLE Change Addition
2.2 NAME S Reynolds, B.J.
2.3 STREET ADDRESS 8201 River Ridge Blvd.
2.4 CITY-ST-ZIP New Port Richey, FL 34654

TITLE STD DELETE
NAME Paul, II, William
STREET ADDRESS 8201 River Ridge Blvd.
CITY-ST-ZIP New Port Richey, FL 34654

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE T Change Addition
4.2 NAME Williamson, Dona
4.3 STREET ADDRESS 8201 River Ridge Blvd.
4.4 CITY-ST-ZIP New Port Richey, FL 34654

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00

727 846 0000

Date

Daytime Phone #

CR2E034 (1/98)