

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandrea B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:32

DOCUMENT # **733571** (4)  
1. Corporation Name  
**RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**9361 COUNTRY ROAD 649 BUSHNELL FL 33513**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/13/1975** 3a. Date of Last Report **03/15/1994**  
4. FEI Number **27-4284104** Applied For Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BECKER, FRED G  
9361 COUNTRY ROAD 649  
BUSHNELL FL 33513**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BECKER, FRED</b>
STREET ADDRESS	<b>9361 CR 649</b>
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>
TITLE	<b>VP</b>
NAME	<b>SMITH, SALLY</b>
STREET ADDRESS	<b>9458 CR 649</b>
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>
TITLE	<b>S</b>
NAME	<b>MCMILLAN, SHIRLEY</b>
STREET ADDRESS	<b>9417 CR 657</b>
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>
TITLE	<b>T</b>
NAME	<b>HATCHER, JOAN</b>
STREET ADDRESS	<b>9358 CR 647</b>
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>
TITLE	<b>D</b>
NAME	<b>HEATER, HERB</b>
STREET ADDRESS	<b>14910 COLDWATER LANE.</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>D</b>
NAME	<b>KULJEFSKIE, HARRY</b>
STREET ADDRESS	<b>2207 SUNSET LANE</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P SMITH, SALLY</b>
1.3 STREET ADDRESS	<b>9458 CR 649</b>
1.4 CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP QUALL, DOROTHY</b>
2.3 STREET ADDRESS	<b>7193 CR 651</b>
2.4 CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S HEETER, JORCAS</b>
3.3 STREET ADDRESS	<b>9420 CR 651</b>
3.4 CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D BECKER, FRED</b>
5.3 STREET ADDRESS	<b>9361 COUNTY RD 649</b>
5.4 CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D RETTIG, PAUL</b>
6.3 STREET ADDRESS	<b>9461 CR 657</b>
6.4 CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>

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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOAN HATCHER *Joan Hatcher* 2/22/95 1-904-793-4925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR