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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business: 9361 COUNTRY ROAD 649, BUSNELL FL 33513  
Mailing Address: 9361 COUNTRY ROAD 649, BUSNELL FL 33513

3. Date Incorporated or Qualified: 08/13/1975  
3a. Date of Last Report: 01/31/1996  
4. FEI Number: 27-4284104  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	BECKER, FRED G 9361 CR 649 BUSHNELL FL	1.1 TITLE:	
NAME:		1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: P	SMITH, SALLY 9458 CR 649 BUSHNELL FL	2.1 TITLE:	P
NAME:		2.2 NAME:	Heeter, Herbert
STREET ADDRESS:		2.3 STREET ADDRESS:	9420 CR 657
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	Bushnell, FL 33513
TITLE: VP	HEETER, HERBERT 9420 CR 651 BUSHNELL FL	3.1 TITLE:	VP
NAME:		3.2 NAME:	CARRELL, JIM
STREET ADDRESS:		3.3 STREET ADDRESS:	7127 CR 653
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	Bushnell, FL 33513
TITLE: T	HATCHER, JOAN 9358 CR 647 BUSHNELL FL 33513	4.1 TITLE:	T
NAME:		4.2 NAME:	Marion Reed, Marion
STREET ADDRESS:		4.3 STREET ADDRESS:	9329 CR 657
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	Bushnell, FL 33513
TITLE: S	HEETER, DORCAS 9420 CR 651 BUSHNELL FL	5.1 TITLE:	S
NAME:		5.2 NAME:	Mawson, Deloris
STREET ADDRESS:		5.3 STREET ADDRESS:	9475 CR 657
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	Bushnell, FL 33513
TITLE: D	RETTIG, PAUL 9461 CR 657 BUSHNELL FL	6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 on an attachment with an address.

SIGNATURE: *Herbert H. Heeter* Herbert H. Heeter 3/21/97 352-568-3261

CR2E037 (9/96)