


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733571 (4)**

1. Corporation Name  
**RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business <b>9361 COUNTRY ROAD 649 BUSHNELL FL 33513</b>	Mailing Address <b>9361 COUNTRY ROAD 649 BUSHNELL FL 33513</b>
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3. Date Incorporated or Qualified <b>08/13/1975</b>	
4. FEI Number <b>27-4284104</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, FRED</b>	1.2 NAME	
STREET ADDRESS	<b>9361 CR 649</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEETER, HERBERT</b>	2.2 NAME	
STREET ADDRESS	<b>9420 CR 657</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRELL, JIM</b>	3.2 NAME	<b>LARRY D. Ladd</b>
STREET ADDRESS	<b>7127 CR 653</b>	3.3 STREET ADDRESS	<b>7090 CR 653,</b>
CITY-ST-ZIP	<b>BUSHNELL FL</b>	3.4 CITY-ST-ZIP	<b>Bushnell, FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, MARION</b>	4.2 NAME	
STREET ADDRESS	<b>9324 CR 657</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	4.4 CITY-ST-ZIP	<b>33513</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAWSON, DELORIS</b>	5.2 NAME	
STREET ADDRESS	<b>9457 CR 657</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RETTIG, PAUL</b>	6.2 NAME	<b>D Cleo Becker</b>
STREET ADDRESS	<b>9481 CR 657</b>	6.3 STREET ADDRESS	<b>9361 CR 649</b>
CITY-ST-ZIP	<b>BUSHNELL FL</b>	6.4 CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: \_\_\_\_\_ 3/30/98 3525683261

CR2E037 (10/97)