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NONPROFIT CORPORATION ANNUAL REPORT 1999

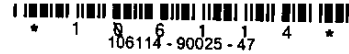


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 733571

1. Corporation Name

RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business:

Mailing Address

9361 COUNTRY ROAD 649 BUSNELL FL 33513

9361 COUNTRY ROAD 649 BUSNELL FL 33513



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/13/1975

22 City & State

27 City & State

4. FEI Number 27-4284104

Applied For Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER, FRED G
 9361 COUNTRY ROAD 649
 BUSHNELL FL 33513

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 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 Fred G. Becker

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

(NOTE: Registered Agent signature required when reinstating)

12 January 1999 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, FRED	
STREET ADDRESS	9361 CR 649	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HEETER, HERBERT	
STREET ADDRESS	9420 CR 657	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LADD, LARRY D.	
STREET ADDRESS	7090 COUNTY ROAD 653	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REED, MARION	
STREET ADDRESS	9324 CR 657	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAWSON, DELORIS	
STREET ADDRESS	9457 CR 657	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, CLEO	
STREET ADDRESS	9361 COUNTY ROAD 649	
CITY-ST-ZIP	BUSHNELL FL 33513	

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joan Hatcher	
1.3 STREET ADDRESS	9356 CR 647 N	
1.4 CITY-ST-ZIP	Bushnell, FL 33513	
2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charlotte A. Hayden	
2.3 STREET ADDRESS	9355 C.R. 647 N	
2.4 CITY-ST-ZIP	Bushnell, FL 33513	
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Larry Sigman	
3.3 STREET ADDRESS	7083 C.R. 657	
3.4 CITY-ST-ZIP	Bushnell, FL 33513	
4.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 617, 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: Charlotte A. Hayden, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Charlotte A. Hayden
 Date: 01-12-99 Daytime Phone #: 532-793-8521

CR2E037 (11/98)