

**DOCUMENT # 733571**

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

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90059 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>27-4284104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BECKER, FRED G</b> <b>9361 COUNTRY ROAD 649</b> <b>BUSHNELL FL 33513</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FISKEWOLD, R. TED</b> <b>9483 CR 649</b> <b>BUSHNELL FL 33513</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HAYDEN CHARLOTTE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9355 CR 649 N</b> <b>Bushnell, FL 33513</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAYDEN, CHARLOTTE A</b> <b>9355 C.R. 647 NORTH</b> <b>BUSHNELL FL 33513</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Laddy, Larry (PWS)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PO Box 469</b> <b>NOBLETON, FL 34661-0469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SIGMAN, LARRY</b> <b>7083 C.R. 657</b> <b>BUSHNELL FL 33513</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Goble, Duane</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9461 CR 657</b> <b>Bushnell, FL 33513</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BECKER, CLEO</b> <b>9361 CR 649</b> <b>BUSHNELL FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MAWSON, DELORIS</b> <b>9457 CR 657</b> <b>BUSHNELL FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Goble, Carol</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9461 CR 657</b> <b>Bushnell, FL 33513</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKER, FRED</b> <b>9361 COUNTY ROAD 649</b> <b>BUSHNELL FL 33513</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Becker* **REQUIRED** 8 January 01 352 943 7170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)