


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90031 050 \*\*\*\*61.25

<b>DOCUMENT # 733571</b>			
1. Entity Name <b>RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.</b>			
Principal Place of Business <b>7090 CR 653 BUSHNELL, FL 33513</b>		Mailing Address <b>PO BOX 167 NOBLETON, FL 34661</b>	
2. Principal Place of Business <b>9387 CR 657</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BUSHNELL, FL</b>		City & State	
Zip <b>33513</b>	Country <b>USA</b>	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	
LADD, LARRY 7090 CR 653 BUSHNELL, FL 33513		Name <b>MARGARET M. KULIGOFSKI</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>9387 CR 657</b>	
		City <b>BUSHNELL</b>	
		FL Zip Code <b>33513</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <b>MARGARET M. KULIGOFSKI-TREASURER</b>		MARGARET M. Kuligofski 01-22-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGE, GARY 7127 CR 653 BUSHNELL, FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIGMAN, LARRY 7083 CR 657 W BUSHNELL, FL 33513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LADD, LARRY PO BOX 467 NOBLETON, FL 346610467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARGARET M. KULIGOFSKI 9387 CR 657 BUSHNELL, FL 33513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HODGE, PATRICIA 7127 CR 653 BUSHNELL, FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAWSON, DOLORES 112 PARADISE LANE AUBURNDALE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, CHARLES CR 657 BUSHNELL, FL 33513 <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	D HEETER, HERBERT 9420 CR 657 BUSHNELL, FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, GARY 7127 CR 653 BUSHNELL, FL 33513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, MARION 937 CR 657 BUSHNELL, FL 33513 <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: <b>MARGARET M. KULIGOFSKI</b>		MARGARET M. KULIGOFSKI 01-22-05 813 949-6184	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	