


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90043 028 \*\*\*\*70.00

<b>DOCUMENT # 733571</b> 1. Entity Name <b>RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>9387 CR 657 BUSHNELL, FL 33513</b>			Mailing Address <b>PO BOX 167 NOBLETON, FL 34661</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>27-4284104</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" 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>KULIGOFSKI, MARGARET M 9387 CR 657 BUSHNELL, FL 33513</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SIGMAN, LARRY</b>		NAME		
STREET ADDRESS	<b>7083 CR 657 W</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KULIGOFSKI, MARGARET M</b>		NAME		
STREET ADDRESS	<b>9387 CR 657</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAWSON, DOLORES</b>		NAME		
STREET ADDRESS	<b>112 PARADISE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENSON, CHARLES</b>		NAME	<b>NED REED</b>	
STREET ADDRESS	<b>CR 657</b>		STREET ADDRESS	<b>7138 CR 655</b>	
CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>		CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HODGE, GARY</b>		NAME		
STREET ADDRESS	<b>7127 CR 653</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REED, MARION</b>		NAME		
STREET ADDRESS	<b>937 CR 657</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Margaret M. Kuligofski</i>			01-21-06 (813) 949-6184		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		