

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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



DOCUMENT # 733571			
1. Entity Name RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business 9387 CR 657 BUSHNELL, FL 33513		Mailing Address PO BOX 167 NOBLETON, FL 34661	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KULIGOFSKI, MARGARET M 9387 CR 657 BUSHNELL, FL 33513			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number **27-4284104** Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

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	SIGMAN, LARRY		NAME		
STREET ADDRESS	7083 CR 657 W		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULIGOFSKI, MARGARET M		NAME		
STREET ADDRESS	9387 CR 657		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAWSON, DOLORES		NAME		
STREET ADDRESS	112 PARADISE LANE		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSON, CHARLES		NAME	NED REED	
STREET ADDRESS	CR 657		STREET ADDRESS	7138 CR 655	
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, GARY		NAME		
STREET ADDRESS	7127 CR 653		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARION		NAME		
STREET ADDRESS	937 CR 657		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		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.

SIGNATURE: Margaret M. Kuligofski 01-21-06 (813) 949-6184

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