


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 733571
 1. Entity Name
RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
9387 CR 657 **PO BOX 167**
BUSHNELL, FL 33513 **NOBLETON, FL 34661**

DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent
KULIGOFSKI, MARGARET M
9387 CR 657
BUSHNELL, FL 33513

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE P	NAME SIGMAN, LARRY
STREET ADDRESS 7083 CR 657 W	CITY-ST-ZIP BUSHNELL, FL 33513
TITLE T	NAME KULIGOFSKI, MARGARET M
STREET ADDRESS 9387 CR 657	CITY-ST-ZIP BUSHNELL, FL 33513
TITLE S	NAME MAWSON, DOLORES
STREET ADDRESS 112 PARADISE LANE	CITY-ST-ZIP BUSHNELL, FL 33513
TITLE D	NAME REED, NED
STREET ADDRESS 7138 CR 655	CITY-ST-ZIP BUSHNELL, FL 33513
TITLE D	NAME HODGE, GARY
STREET ADDRESS 7127 CR 653	CITY-ST-ZIP BUSHNELL, FL 33513
TITLE D	NAME REED, MARION
STREET ADDRESS 937 CR 657	CITY-ST-ZIP BUSHNELL, FL 33513

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000000596435
 01/23/07-80079-009 61.25

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* *1/19/07* *352-793-2202*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #