


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90088 029 ****61.25

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1. Entity Name
 RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
~~9387 CR 657~~ **7165 CR 655**
 BUSHNELL, FL 33513

Mailing Address
 PO BOX 167
 NOBLETON, FL 34661

40002630



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 27-4284104

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KULIGOFSKI, MARGARET M
~~9387 CR 657~~ **7165 CR 655**
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES LEE	
STREET ADDRESS	9451 CR 657	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 1-10-08 352-793-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #