

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733571

FILED
Jan 19, 2009
Secretary of State

Entity Name: RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

7165 CR 655
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

PO BOX 167
NOBLETON, FL 34661

New Mailing Address:

FEI Number: 27-4284104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KULIGOFSKI, MARGARET M
7165 CR 655
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIGMAN, LARRY
Address: 7083 CR 657 W
City-St-Zip: BUSHNELL, FL 33513

Title: T () Delete
Name: KULIGOFSKI, MARGARET M
Address: 9387 CR 657
City-St-Zip: BUSHNELL, FL 33513

Title: S () Delete
Name: LEE, CHARLES
Address: 9451 CR 657
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: REED, NED
Address: 7138 CR 655
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: HODGE, GARY
Address: 7127 CR 653
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: REED, MARION
Address: 937 CR 657
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET M. KULIGOFSKI

MRS

01/19/2009

Electronic Signature of Signing Officer or Director

Date