

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733571

FILED
Jan 04, 2011
Secretary of State

Entity Name: RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

7127 CR 653
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:

HODGE, PATRICIA
7127 CR 653
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

MAWSON, DOLORES
9475 CR 657
BUSHNELL, FL 33513 US

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: DOLORES MAWSON

01/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HENSON, BOBBY
Address: 7093 CR 657W
City-St-Zip: BUSHNELL, FL 33513

Title: T
Name: DOLORES, MAWSON
Address: 9475 CR 657
City-St-Zip: BUSHNELL, FL 33513

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOLORES MAWSON

MRS.

01/04/2011

Electronic Signature of Signing Officer or Director

Date