

# **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