

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762256

FILED
Jan 11, 2006
Secretary of State

Entity Name: RIVER RANCH PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

18550 COUNTRY RD. #630 EAST
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

18550 CR 630 EAST
LAKE WALES, FL 33898 US

New Mailing Address:

FEI Number: 59-2164728 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, BOSWELL
18550 CR 630 EAST
LAKE WALES, FL 33898 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: EDWARDS, PETE
Address: 18550 COUNTY RD 630 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: VP () Delete
Name: FITZPATRICK, BILLY
Address: 18550 COUNTRY RD. #630 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: T () Delete
Name: BOSWELL, THOMAS
Address: 18550 COUNTRY RD. #630 EAST
City-St-Zip: LAKE WALES, FL 33859

Title: S () Delete
Name: EDWARDS, SANDY
Address: 18550 COUNTRY RD. #630 EAST
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: TYER, KEITH
Address: 18550 COUNTRY RD. #630 EAST
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: HOSLER, BILL
Address: 2034 HIGH GLEN CT N
City-St-Zip: LAKELAND, FL 33813

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:

Title: () Change () Addition
Name:
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 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: THOMAS C. BOSWELL

TRES

01/11/2006

Electronic Signature of Signing Officer or Director

Date