
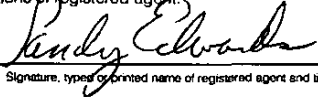
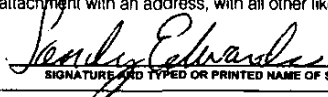


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90195 013 ****70.00

DOCUMENT # 762256 1. Entity Name RIVER RANCH PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 18550 COUNTRY RD. #630 EAST LAKE WALES, FL 33853			Mailing Address 18550 CR 630 EAST LAKE WALES, FL 33898 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2164728				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, BOSWELL 18550 CR 630 EAST LAKE WALES, FL 33898			7. Name and Address of New Registered Agent Name Sandy Edwards Street Address (P.O. Box Number is Not Acceptable) 18550 Country Rd 630 East City Lake Wales FL Zip Code 33898		
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 		SIGNATURE Sandy Edwards		DATE 4/15/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, PETE 18550 COUNTY RD 630 EAST LAKE WALES, FL 33898	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITZPATRICK, BILLY 18550 COUNTRY RD. #630 EAST LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSWELL, THOMAS 18550 COUNTRY RD. #630 EAST LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, SANDY 18550 COUNTRY RD. #630 EAST LAKE WALES, FL 33853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYER, KEITH 18550 COUNTRY RD. #630 EAST LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSLER, BILL 2034 HIGH GLEN CT N LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lake, Bobby 18550 County Rd 630 East Lake Wales, FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hosler, Janet 18550 County Rd 630 East Lake Wales, FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fitzpatrick, Billy 18550 County Rd 630 East Lake Wales, FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fint, Clyde 18550 County Rd 630 East Lake Wales, FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: 		SIGNATURE Sandy Edwards		Date 4/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 863-696-7303	