## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#762256**

FILED Feb 05, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 18550 COUNTRY RD. #630 EAST LAKE WALES, FL 33898 **Current Mailing Address: New Mailing Address:** 18550 COUNTRY RD. #630 EAST LAKE WALES, FL 33898 FEI Number: 59-2164728 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDWARDS, SANDY 18550 CR 630 EAST LAKE WALES, FL 33898 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EDWARDS, PETE Name: Name: 18550 COUNTY RD 630 EAST Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BUSH, JERRY Name: Address: 18550 COUNTRY RD. #630 EAST Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: Title: () Delete Title: () Change () Addition HOSLER, JANET Name: Name: 18550 COUNTRY RD. #630 EAST Address: Address: City-St-Zip: LAKE WALES, FL 33859 City-St-Zip: Title: ( ) Delete Title: () Change () Addition EDWARDS, SANDY Name: Name: 18550 COUNTRY RD. #630 EAST Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: () Delete Title: () Change () Addition FITZPATRICK, BILLY Name: Name: 18550 COUNTY RD 630 EAST Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SUMNER, MIKE FLINT, CLYDE Name: Name: Address: 18550 COUNTY RD, 630 EAST Address: 18550 COUNTY RD, 630 EAST LAKE WALES, FL 33898 LAKE WALES, FL 33898 City-St-Zip: 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: SANDY EDWARDS SEC 02/05/2009