

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G37576

FILED
Feb 19, 2009
Secretary of State

Entity Name: RIVER RANCH LANDOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

441A UNIT #1
SKYWAY DRIVE
EDGEWATER, FL 32132 US

New Principal Place of Business:

Current Mailing Address:

P. O. DRAWER 460
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-2606776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, C.R.
441 1 UNIT 1 SKYWAY DRIVE
EDGEWATER, FL 32132 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWELL, C.R.,
Address: 441 A, UNIT 1, SKYWAY DRIVE
City-St-Zip: EDGEWATER, FL 32132

Title: MD () Delete
Name: ABBATANUONO, BRENT
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD () Delete
Name: ABBOTT, MARILYN J
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD () Delete
Name: ABERNATHY, MARGIE C
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD () Delete
Name: ABRACZINSKAS, JEROME E
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD () Delete
Name: ABRON, LILLIAN B
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

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:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C R POWELL

P

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date