

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G37576

FILED  
Feb 18, 2010  
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:**

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

02/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** C R POWELL

P

02/18/2010

Electronic Signature of Signing Officer or Director

Date