

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03950** (5)

1. Corporation Name

**RIVER CAMP RESORT ASSOCIATION, INC.**

Principal Place of Business <b>11465 W PRIEST LANE HOMASSASA SPRINGS FL 34448-4340 US</b>	Mailing Address <b>11465 W PRIEST LANE HOMASSASA SPRINGS FL 34448-4340 US</b>
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3. Date Incorporated or Qualified

**06/28/1984**

4. FEI Number

**59-2514093**

Applied For

Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNETT, JACK  
11465 W. PRIEST LANE  
HOMOSASSA FL 34448**

81 Name	<b>RICE, RICHARD</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4605 Little Grove Lane</b>
83	
84 City	<b>Lakeland, FL</b>
85 Zip Code	<b>33813</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

*Richard Rice*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSS, JOSEPH</b>	1.2 NAME	<b>KRETZER, RALPH</b>
STREET ADDRESS	<b>1232 NORTH SHORE DRIVE</b>	1.3 STREET ADDRESS	<b>11465 W. Priest Lane</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	1.4 CITY-ST-ZIP	<b>Homosassa Springs, FL 34448</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNETT, JACK</b>	2.2 NAME	<b>RICE, RICHARD</b>
STREET ADDRESS	<b>11465 W. PRIEST LANE</b>	2.3 STREET ADDRESS	<b>4605 Little Grove Lane</b>
CITY-ST-ZIP	<b>HOMOSASSA FL</b>	2.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRETZER, RALPH</b>	3.2 NAME	<b>HEAD, MJKE</b>
STREET ADDRESS	<b>P. O. BOX 888</b>	3.3 STREET ADDRESS	<b>11465 W. Priest Lane</b>
CITY-ST-ZIP	<b>HOMOSASSA FL</b>	3.4 CITY-ST-ZIP	<b>Homosassa Springs, FL 34448</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKWITH, CHARLES</b>	4.2 NAME	<b>REBEOR, DOUG</b>
STREET ADDRESS	<b>3804 ROYAL PALM DR.</b>	4.3 STREET ADDRESS	<b>2649 N. Forest Ridge Blvd.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	<b>Hernando, FL 34442</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORS, JERILYN</b>	5.2 NAME	<b>SCHULTE, ROBERT</b>
STREET ADDRESS	<b>8967 113TH ST. N.</b>	5.3 STREET ADDRESS	<b>4792 Inidan Gap Drive</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	5.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWOPE, SIDNEY</b>	6.2 NAME	<b>NAYLOR, RICHARD</b>
STREET ADDRESS	<b>1210 PRYDE DR.</b>	6.3 STREET ADDRESS	<b>5729 S. Sea Otter Path</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>	6.4 CITY-ST-ZIP	<b>Homosassa, FL 34448</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Richard Rice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-98**

Date

Daytime Phone #

**0067426**

**941-665-3581**

CR2E037 (10/97)