2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 22, 2007 8:00 am Secretary of State 04-26-2007 90195 012 ****61.25

DOCUMENT # N0600004623 1. Entity Name RIVER RANCH PRESERVATION AND CONSERVATION ASSOCIATION, INC.							(14-26-200/ 90.	195 012 ***	*61.25	
Principal Place of Business 18550 COUNTY ROAD 630 EAST LAKE WALES, FL 33853				Mailing Address 18550 COUNTY ROAD 630 EAST LAKE WALES, FL 33853				1 102 MM4 01) 14773 0		in) albia alka (1884 k	mi ë r er indk
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #. etc.				_	04152007 Ch	g-NP CR	2E037 (12/06)	
City & State			City & State					4. FEI Number			oplied For ot Applicable
Zip	p Country		Zip		Cou	Country		5. Certificate of Sta	tus Desired	\$8.75 Add Fee Require	fitlonal
6. Name and Address of Current				Registered Agent			7. Name and Address of New Registered Agent				
CITTOATO	ורא פרח	TT W				Name	nn	du Fa	wards		
FITZPATRICK, SCOTT W 100 SOUTH EDISON AVENUE					Street Acidres			P.O. Box Number is N	ot Acceptable)	0 5	
SUITE D							Street Address P.O. Box Number is Not Acceptable) 430 East				
TAMPA, FL 33606							•				
						City	ake	Libles		<u>FL おお</u>	398
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 egistered agent.											
SIGNATURE Kendry Cellurard Sandy Educads 41507 Storialize, proad or profined name of registered agent and title II applicable. (NOTE: Registered Agent algebrure reculred when reinstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Trust Fund Contrib						•	۵	\$5.00 May Be Added to Fees		heck payable to spartment of Si	
10.		OFFICERS AND DIF	ECTORS		11.			ADDITIONS/CHANGE	S TO OFFICERS AN	OIRECTORS IN	10
TILE	P	NO DETE		☐ Delete	TITLE					☐ Change	Addition
NAME EDWARDS, PETE STREET ADDRESS 18550 COUNTY ROAD 630 EAST						ET ADORESS					
CITY-ST-ZP LAKE WALES, FL 33898				S.I	CITY	-\$T - ZIP					
TITLE	VP	87 (2)		Delete	TITL	E	VP	L		☐ Change	Addition
NAME FITZPATRICCK, RALPH W STREET ADDRESS 18550 COUNTY ROAD 630 EAST			, NAM			ET ADDRESS	18550 County Rd 430 East			′	
CITY-ST-ZP LAKE WALES, FL 33898			•			-S1-ZIP	182	Ve librales		3898	
TITLE	Т			Delete	TML	E	+-	<u> </u>	3) 		Addition
NAME		L, THOMAS		<i>P</i>	NAM		Hos	lee tares	ح		$\boldsymbol{\sigma}$
STREET ADDRESS CITY-ST-ZIP		DUNTY ROAD 630 EAS LES, FL 33898	T		ı	ET ADDRESS -ST-ZIP	1822	20 Conty	1 Kd 1630	Bast 1	[
TITLE	S	LES, FL 33030		Delete	TITLE		بعد	ce which	the so	□ Change	☐ Addition
NAME		S, SANDY		C Octoba	NAM					C) Aside	
STREET ADDRESS	18550 CC	OUNTY ROAD 630 EAS	T			ET ADORESS					
CITY-ST-ZIP	LAKE WA	LES, FL 33898			-	-ST-ZIP		*			
TITLE NAME				Delete	TITLI					☐ Change	☐ Add#ion
STREET ADDRESS	}					ET ADORESS					
CETY-ST-ZIP					CITY	-\$1-212					
TITLE				☐ Delete	TITL					☐ Change	Addition
STREET ADDRESS						ET ADORESS					
CATY-ST-ZUP	1					-ST-ZIP					
	certify that th	e information supplied with	this filing	does not qualify fo	r the exe	mptions co	ontained	in Chapter 119, Florid	da Statutes, I further	certify that the in	formation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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 teceiver or instead amounted 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: Janly Colwards Dandy Edwards 4/15/07 7303											
Į.		SIGNATURE AND TYPED OR I	PLDITED NAM	IE OF SIGNING OFFICER	UN DIREC	TOR 1			7678 	Daytime Phone il	