2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

Feb 07, 2008 8:00 am ANNUAL REPORT (AR) DOCUMENT # N06000004623 Secretary of State 1. Entity Name 02-07-2008 90030 033 ****61.25 RIVER RANCH PRESERVATION AND CONSERVATION ASSOCIATION, INC. Principal Place of Business Mailing Address 18550 COUNTY ROAD 630 EAST LAKE WALES FL 33853 18550 COUNTY ROAD 630 EAST LAKE WALES FL 33853 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8550 CK 630 8550 CR630 Fast Suite, Apt. #. etc. 1st MOORE CR2E037 (10/07) City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARDS, SANDY 18550 COUNTY RD 630 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33898 Zip Code 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 Florica. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Redistant Agent signature required when reinstance) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete EDWARDS, PETE NAME NAME 18550 COUNTY ROAD 630 EAST STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 CITY ST-ZIP CITY-ST-ZiP VP TITLE Delate BTLE Addition Bush, Jerry LAKE, BOBBY NAME HAME 18550 CX630 Kest 18550 COUNTY ROAD 630 EAST STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HOLSER, JANET NAME NAME STREET ADDRESS 18550 COUNTY ROAD 630 EAST STREET ADDRESS LAKE WALES FL 33898 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TATLE ☐ Change ne:tibbA 🔲 EDWARDS, SANDY NAME NAME STREET ADDRESS 18550 COUNTY ROAD 630 EAST STREET ADDRESS LAKE WALES FL 33898 CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE: Signature and Types on Debute Name of Signature and Types of Signature and Types of Signature and Types of Signature and Types of Signa

if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11.