2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N06000004623

Entity Name: RIVER RANCH PRESERVATION AND CONSERVATION ASSOCIATION, INC.

Current Principal Place of Business:

18550 COUNTY ROAD 630 EAST
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

18550 COUNTY ROAD 630 EAST
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDWARDS, SANDY
18550 COUNTY RD 630
LAKE WALES, FL 33898 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EDWARDS, PETE
Address: 18550 COUNTY ROAD 630 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: VP ( ) Delete
Name: BUSH, JERRY
Address: 18550 COUNTY ROAD 630 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: T ( ) Delete
Name: HOLSER, JANET
Address: 18550 COUNTY ROAD 630 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: S ( ) Delete
Name: EDWARDS, SANDY
Address: 18550 COUNTY ROAD 630 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: FITZPATRICK, BILLY
Address: 18550 COUNTY ROAD 630 EAST
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Change (X) Addition
Name: SUMNER, MIKE
Address: 18550 COUNTY ROAD 630 EAST
City-St-Zip: LAKE WALES, FL 33898

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

SIGNATURE: SANDY EDWARDS SEC 02/05/2009
Electronic Signature of Signing Officer or Director — Date