## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**/**E\

1. Corporatio	n Name	(5)			
RAMON	A'S RETREAT HOMEOWNE	RS ASSOCIATION, INC	<b>)</b> .		
Principal Plac	e of Business	Mailing Address			81811
1181 HWY, 17 S	OUTH	P.O. BOX 198			
1181 HWY, 17 SOUTH P.O. BOX 198 SATSUMA FL 32189 SATSUMA FL 32189-0198 US					
<b>D</b> \$		Lan		3. Date Incorporated or Qualified 11/14/1985	3a. Date of Last Report 06/24/1996
2. Principal P	lace of Business	24. Mailing Address		4. FEI Number	Applied For
21 75				44-3288291	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	• //	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	County	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<b>8.</b> This corporation has liability for in Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	stered Agent
			B1 Name		
BERRYMAN, RAMONA V. 1181 HWY 175			82 Street Addr	Idress (P.O. Box Number is Not Acceptable)	
SATSUMA FL 32189			83		
			84 City		85 Zip Code
64 Diversed	to the province of Continue C12 Offi	22 and C17 1500 Florida Clatus		and an allow the thin statement for the sur	FL
office or r	registered agent, or both, in the State	of Florida. Such change was a stiene of Section 617 0503. Fi	authorized by the corporat	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
SIGNATURE			and the second	a y Berma	7/14/90
	RAMONA Y B S) Signature, typed or printed name of registered au-	onl and the if applicable. (NOT	E Registered Agent signature requi-		DATE
12. TITLE	PTSD OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	BERRYMAN, RAMONA V	/	1.2 NAME		
STREET ADDRESS	1181 HWY. 175		1.3 STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32189		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	THOMPSON, TONY   1181 HWY. 75		2.2 NAME 2.3 STREET ADDRESS		
CITY+ST-ZIP	SATSUMA FL 32189		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	FRAZIER, JD		3.2 NAME		
STREET ADDRESS	1181 HWY. 175		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32189		3.4. CITY-ST-ZIP		——————————————————————————————————————
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	1)		5.2 NAME		
STREET ADDRESS	. *		5.3 STREET ADDRESS		
CITY-ST-ZIP	to the second		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
HAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		at a data state of the analysis of	6.4 CITY-ST-ZIP	t in Section 119 07/3\/ii) Florida Statutes	I foul have a said to the at the

roo nereby 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.