


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90171 021 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N34846

1. Corporation Name
RIVER RAPIDS HOME OWNERS ASSOCIATION, INC.

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| Principal Place of Business 913 RIVER RAPIDS AVE. BRANDON FL 33511-8080 US | Mailing Address 907 RIVER RAPIDS AVE. BRANDON FL 33511 |
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| 21. Principal Place of Business 910 RIVER RAPIDS AVE | 22. Mailing Address 910 RIVER RAPIDS AVE | 3. Date Incorporated or Qualified 10/23/1989 |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 4. FEI Number 59-2977595 |
| 23. City & State BRANDON, FLORIDA | 28. City & State BRANDON, FLORIDA | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Zip 33511 | 29. Zip 33511 | 30. Country US |
| 25. Country US | 30. Country US | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent MONSEIN, JEFF 907 RIVER RAPIDS AVE BRANDON FL 33511 | 10. Name and Address of New Registered Agent 81 Name MICHAEL E. FERGUSON 82 Street Address (P.O. Box Number is Not Acceptable) 910 RIVER RAPIDS AVE 83 84 City BRANDON FL 85 Zip Code 33511 |
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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 *Michael E. Ferguson* PRESIDENT DATE 3-1-99

(NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE PRD | NAME WATT, ALAN | 1.1 TITLE PRD | NAME MICHAEL E. FERGUSON |
| STREET ADDRESS 913 RIVER RAPIDS AVE | CITY-ST-ZIP BRANDON FL | 1.3 STREET ADDRESS 910 RIVER RAPIDS AVE | 1.4 CITY-ST-ZIP BRANDON, FLORIDA 33511 |
| TITLE DT | NAME MONSEIN, JEFF | 2.1 TITLE SD | NAME DON HELMAN |
| STREET ADDRESS 907 RIVER RAPIDS AVE. | CITY-ST-ZIP BRANDON FL | 2.3 STREET ADDRESS 908 RIVER RAPIDS AVE. | 2.4 CITY-ST-ZIP BRANDON, FLORIDA 33511 |
| TITLE D | NAME STEPHAN BRIGGS | 3.1 TITLE D | NAME STEPHAN BRIGGS |
| STREET ADDRESS 901 RIVER RAPIDS AVE | CITY-ST-ZIP BRANDON, FLORIDA 33511 | 3.3 STREET ADDRESS 901 RIVER RAPIDS AVE | 3.4 CITY-ST-ZIP BRANDON, FLORIDA 33511 |
| TITLE | NAME | 4.1 TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| TITLE | NAME | 5.1 TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE | NAME | 6.1 TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

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, with all other like empowered.

SIGNATURE: *Michael E. Ferguson* DATE: 3-1-99 DAYTIME PHONE # 813-899-9240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)