FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:09

DOCUMENT # N45563 (6)

1. Corporation Name
RIVER RANCH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1591 S.W. WEPACO AVENUE PORT ST LUCIE FL 34953	1591 S.W. WEPACO AVENUE PORT ST LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1991
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0413594 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 RT 3 BOX 1251	26 RT 3 BOX 1251
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MADISON FL	City & State 28 MADISON FL
Zip 24 32340 Country 25 MADISON	Zip 29 32340 Country 30 MADISON

9. Name and Address of Current Registered Agent

WILLIAM, DANIELL
1591 S.W. WEPACO AVENUE
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name: RONALD FALL
82 Street Address (P.O. Box Number is Not Acceptable): HWY 150 - RT 3 - BOX 1251
83
84 City: MADISON FL 85 Zip Code: 32340

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ronald Fall RONALD FALL S/T — 1-30-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DANIELL, WILLIAM	1.2 NAME		
STREET ADDRESS	1591 S.W. WEPACO AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL 34953	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	BUETTNER, STEVEN	2.2 NAME	BUETTNER, STEVEN	
STREET ADDRESS	55 W. 6TH STREET	2.3 STREET ADDRESS	BOX 258	
CITY-ST-ZIP	JACKSONVILLE FL 32206	2.4 CITY-ST-ZIP	GREEN MOUNTAIN FALLS, COLORADO 80819	
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	FALL, RONALD	3.2 NAME	FALL, RONALD	
STREET ADDRESS	RR1 OLD 32	3.3 STREET ADDRESS	RT 3 BOX 1251 HWY 150	
CITY-ST-ZIP	HIGHLAND MILLS NY 10930	3.4 CITY-ST-ZIP	MADISON FLORIDA 32340	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FALL, AUSTIN	4.2 NAME		
STREET ADDRESS	2905 8TH AVENUE NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	P. D.	☒ Change ☐ Addition
NAME	HARDEN, DOROTHY	5.2 NAME		
STREET ADDRESS	RT. 1 BOX 1078	5.3 STREET ADDRESS		
CITY-ST-ZIP	O'BRIEN FL 32071	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ronald Fall S/T RONALD FALL — JAN 30 1995 — 904 929-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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