

9-23-97 B 8450 C
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Sep 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N45563 (6)

1. Corporation Name

RIVER RANCH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RT 3 BOX 1251
MADISON FL 32340
US

RT 3 BOX 1251
MADISON FL 32340-9526
US

2. Principal Place of Business

21 26011 83RD RD

Suite, Apt. #, etc.

22

City & State

23 BRIANFORD FL

Zip

24 32008

Country

25 FLORIDA

2a. Mailing Address

26 26011 83RD RD

Suite, Apt. #, etc.

27

City & State

28 BRIANFORD FL

Zip

29 32008

Country

30 FLORIDA

3. Date Incorporated or Qualified
10/10/1991

3a. Date of Last Report
01/24/1996

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

8. This corporation has liability for tangible tax under s. 199.032, Florida Statutes ☒ No

9. Name and Address of Current Registered Agent

FALL, RONALD
HWY 150-
RT 3 BOX 1251
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name ROBERT PENDLAND

82 Street Address (P.O. Box Number is Not Acceptable)
26011 83RD RD

83

84 City BRIANFORD

FL

85 Zip Code 32008

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 Robert Pendland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DANIEL, WILLIAM
STREET ADDRESS 1591 S.W. WEPACO AVENUE
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE VD ☐ DELETE
NAME BUETTNER, STEVEN
STREET ADDRESS BOX 258
CITY-ST-ZIP GREEN MOUNTAIN FALLS CO N/A

TITLE STD ☒ DELETE
NAME FALL, RONALD
STREET ADDRESS RT 3 BOX 1251 HWY 150
CITY-ST-ZIP MADISON FL

TITLE D ☐ DELETE
NAME FALL, AUSTIN
STREET ADDRESS 726 32 AVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE PD ☐ DELETE
NAME HARDEN, DOROTHY
STREET ADDRESS RT. 1 BOX 1078
CITY-ST-ZIP O'BRIEN FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 80819

3.1 TITLE STD ☐ Change ☒ Addition
3.2 NAME ROBERT PENDLAND
3.3 STREET ADDRESS 26011 83RD RD
3.4 CITY-ST-ZIP BRIANFORD FL 32008

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS RT 3 BOX 1251
4.4 CITY-ST-ZIP MADISON FL 32340 N/A

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 8571 258TH PL
5.4 CITY-ST-ZIP OBRIEN, FL 32071

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE Robert Pendland

7-22-97 (Pendland)

CR2E037 (9/96)