

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Oct 07 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 26011 83RD RD BRANFORD FL 32008 US	Mailing Address 26011 83RD RD BRANFORD FL 32008 US
---	---

3. Date Incorporated or Qualified  
**10/10/1991**

4. FEI Number <b>65-0413594</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**PENDLAND, ROBERT**  
**26011 83RD RD**  
**BRANFORD FL 32008**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELL, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>1591 S.W. WEPACO AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT. ST. LUCIE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUETTNER, STEVEN</b>	2.2 NAME	
STREET ADDRESS	<b>P O BOX 258 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREEN MOUNTAIN FALLS CO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENDLAND, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>26011 83RD RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANFORD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALL, AUSTIN</b>	4.2 NAME	
STREET ADDRESS	<b>RT 3 BOX 1251 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDEN, DOROTHY</b>	5.2 NAME	
STREET ADDRESS	<b>8571 258TH PL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>O'BRIEN FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 **Robert Pendland** **9-25-98** **904 9350952**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)