

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46321 (8)

1. Corporation Name

RIES ROAD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4102 DRISKELL ROAD
MILTON FL**

Mailing Address

**4102 DRISKELL RD
MILTON FL 32583
US**

3. Date Incorporated or Qualified
12/05/1991

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 922 Alabama Street

26 922 Alabama Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Crestview, FL

28 Crestview, FL

Zip

Country

Zip

Country

24 32536

25 Okaloosa

29 32536

30 Okaloosa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIES, CARL L
4102 DRISKELL ROAD
MILTON FL 32583**

**81 Name
Adams, Debra**

**82 Street Address (P.O. Box Number is Not Acceptable)
922 Alabama Street**

83

**84 City
Crestview,**

FL

**85 Zip Code
32536**

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

Debra Adams

Debra Adams, President

4/28/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIES, CARL L	
STREET ADDRESS	4102 DRISKELL ROAD	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RIES, CHRISTINE A	
STREET ADDRESS	4102 DRISKELL ROAD	
CITY-ST-ZIP	MILTON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ADKINSON, HUBERT	
STREET ADDRESS	RT 1 BOX 66	
CITY-ST-ZIP	BAKER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Adams, Debra	
1.3 STREET ADDRESS	922 Alabama Street	
1.4 CITY-ST-ZIP	Crestview, FL 32536	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rowell, Janice	
2.3 STREET ADDRESS	3106 Reis Road	
2.4 CITY-ST-ZIP	Laurel Hill, FL 32567	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jordan, Sarah	
3.3 STREET ADDRESS	3144 Reis Road	
3.4 CITY-ST-ZIP	Laurel Hill, FL 32567	
4.1 TITLE	Dullett, Tina	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gullett, Tina	
4.3 STREET ADDRESS	3145 Reis Road	
4.4 CITY-ST-ZIP	Laurel Hill, FL 32567	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Debra Adams*

Debra Adams, President

4/28/96

(904) 682-5208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E037 (12/95)