


FILE NQW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N46321 (8)</b> <b>1. Corporation Name</b> <b>RIES ROAD HOMEOWNERS ASSOCIATION, INC.</b>			
<b>Principal Place of Business</b> 3131 Ries Road Laurel Hill, FL 32567		<b>Mailing Address</b> 3131 Ries Road Laurel Hill, FL 32567	
<b>2. Principal Place of Business</b> 21 3131 Ries Road State, Apt. #, etc. 22 Laurel Hill, FL City & State 23 32567 Zip 24 Country 25 US		<b>2a. Mailing Address</b> 26 3131 Ries Road State, Apt. #, etc. 27 Laurel Hill, FL City & State 28 32567 Zip 29 Country 30 US	
<b>3. Date Incorporated or Qualified</b> 12/05/1991		<b>3a. Date of Last Report</b> 04/29/1996	
<b>4. FEI Number</b> 59-3100967		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> Debra Adams 922 Alabama Street Crestview, FL 32536		<b>10. Name and Address of New Registered Agent</b> 81 Name Adams, Debra 82 Street Address (P.O. Box Number is Not Acceptable) 3131 Ries Road 83 84 City Laurel Hill FL 85 Zip Code 32567	
<b>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.</b> SIGNATURE: <u>Debra Adams</u> DATE: <u>3-31-97</u> <small>(Signature typed or printed name of registered agent and fee applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
12.1 NAME PD <input type="checkbox"/> DELETE 12.2 NAME Adams, Debra 12.3 STREET ADDRESS 3131 Ries Road 12.4 CITY-ST-ZIP Laurel Hill, FL 32567		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
12.5 NAME VD <input type="checkbox"/> DELETE 12.6 NAME Rowell, Janice 12.7 STREET ADDRESS 3106 Ries Road 12.8 CITY-ST-ZIP Laurel Hill, FL 32567		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
12.9 NAME STD <input type="checkbox"/> DELETE 12.10 NAME Jordan, Sarah 12.11 STREET ADDRESS 3144 Ries Road 12.12 CITY-ST-ZIP Laurel Hill, FL 32567		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
12.13 NAME D <input checked="" type="checkbox"/> DELETE 12.14 NAME Gullett, Tina 12.15 STREET ADDRESS 3145 Ries Road 12.16 CITY-ST-ZIP Laurel Hill, FL 32567		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME D 4.3 STREET ADDRESS Stephens, Mike 4.4 CITY-ST-ZIP 3145 Ries Road 4.5 CITY-ST-ZIP Laurel Hill, FL 32567	
12.17 NAME <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
12.21 NAME <input type="checkbox"/> DELETE 12.22 NAME 12.23 STREET ADDRESS 12.24 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	
<b>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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.</b>			
<b>SIGNATURE: Debra Adams, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-31-97</b> <small>Date</small> <b>(904)652-2158</b> <small>Daytime Phone #</small>	

CR2E034 (9/96)