## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

NON-PROFIT CORPORATION ANNUAL REPORT



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

1996

N98000000895 **DOCUMENT #** 

RIVER RANCH SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

## FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

5559 COLUMBIA CIR LAKE WALES FL 33853		5937 OAKMONT DRIVE LAKE WALES FL 33853						
U\$					Date Incorporated or Qualified     04/04/1991	3a. Date of Las 06/05/	st Report	
2. Principal	Place of Business	2a. Mailing Address	· · · —-· ··		4. FEI Number	1 00,00,	Applied For	
21	26				59-2378979		Not Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	<del>-</del>		5. Certificate of Status Desired		.75 Additional ee Required	
City & St	ate	City & State	¬ -		Election Campaign Financing     Trust Fund Contribution	, \$5	.00 May Be	
Zip <b>24</b>	Country 25	Zip 29	Country 30	,	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Current		-		10. Name and Address of New R	egistered Agent		
81 Name								
ROBINSON, FLOYD				82 Street Address (P.O. Box Number is Not Acceptable)				
5559 COLUMBIA CIR			02	Street Address (F.O. Box Nutriber is Not Acceptable)				
LAKE WALES FL 33853			83					
			84	City		FI 85	Zip Code	
• • • • • • • • • • • • • • • • • • • •								
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 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12	
TITLE	CHIDEY IEDEMIAN E	☐ DELETE	1. 1 TITLE		☐ Change ☑ Addition			
NAME	SHIREY, JEREMIAH E.		1.2 NAME		BOB CLACK			
STREET ADDRESS			1.3 STREET	ADDRESS	5561 CATERBERRY		li	
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY - 5	ST-ZIP	RIVER RANCH, FL 33867			
TITLE		☐ DELETE	2. 1 TITLE			Chan	ge 🛂 Addition 📙	
NAME	O'NEILL, DENNIS 5550 CANTERBURY DR		2.2 NAME	The state of the s				
STREET ADDRESS	LAKE WALES FL			/ Av D-1/A/ Re				
CITY - ST - ZIP			2.4 CITY - 5	ST-ZIP				
TITLE	CRAWFORD, RUTH	DELETE	3. 1 TITLE			Chan	ge 🗷 Addition	
NAME	SOOK CANTEDDIEDY OD		3.2 NAME		ES ME CAULEY 6304 OF			
STREET ADDRESS	LAKE WALES FL				0304 OAKMONT OF			
CITY - ST - ZIP		☐ DELETE	3,4 CITY - 5	ST-ZIP	RIDER RENCHAPL 3		es 🖂 Addition	
TITLE	ROBINSON, FLOYD	☐ hereis	4. 1 TITLE			☐ Chan	ge	
NAME	5550 COLLINEIA CID		4.2 NAME					
STREET ADDRESS	LAKE WALES FL			ADDRESS			,	
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY - 5 5. 1 TITLE	51-ZIP	<del>200062</del> -	<del>4355.</del> !	70 T A44 500 +	
NAME	WEEKS, LLOYD	<b>2</b> beer/c	5.2 NAME			. L. Gilaii	Ac T Woom of	
STREET ADDRESS	EEAN CANTEDDIDOV DO			ADDRESS			. 22	
	LAKE WALES FL		5.3 STREET					
TITLE	D	☐ DELETE	5.4 CITY-5 6. 1 TITLE	11-215		Chan	ge Addition	
NAME	CRAWFORD, ROBERT	COMMEDED DOBEDT			- Change Addition			
STREET ADDRESS	KOOK CANITEDENIEV DO		6.2 NAME 6.3 STREET	ADDDECC				
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY- S					
14 I do her	eby certify that the information supplied w	ith this filing is voluntarily furnish	red and doe	s not au	I alify for the exemption stated in Section 119.0	07(3)(k), Florida St	atutes, I further	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.								