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NON-PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000000895*

1. Corporation Name

RIVER RANCH SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5559 COLUMBIA CIR
LAKE WALES FL 33853
US

Mailing Address
5559 COLUMBIA CIR
5937 OAKMONT DRIVE
LAKE WALES FL 33853-9217

3. Date Incorporated or Qualified

04/04/1991

3a. Date of Last Report

03/15/1996

4. FEI Number

59-2378979

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 intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ROBINSON, FLOYD
5559 COLUMBIA CIR
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHIREY, JEREMIAH E.
STREET ADDRESS 5555 COLUMBIA CIR
CITY-ST-ZIP LAKE WALES FL

TITLE VP ☐ DELETE

NAME O'NEILL, DENNIS
STREET ADDRESS 5550 CANTERBURY DR
CITY-ST-ZIP LAKE WALES FL

TITLE S ☐ DELETE

NAME CRAWFORD, RUTH
STREET ADDRESS 5925 CANTERBURY CR.
CITY-ST-ZIP LAKE WALES FL

TITLE T ☐ DELETE

NAME ROBINSON, FLOYD
STREET ADDRESS 5559 COLUMBIA CIR
CITY-ST-ZIP LAKE WALES FL

TITLE D ☐ DELETE

NAME CLACK, BOB
STREET ADDRESS 5561 CATERBERRY
CITY-ST-ZIP RIVER RANCH FL

TITLE D ☐ DELETE

NAME CRAWFORD, ROBERT
STREET ADDRESS 5925 CANTERBURY RD.
CITY-ST-ZIP LAKE WALES FL

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0390088

CR2E034 (9/96)