

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: \$225. IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Bureau of Corporations

APPROVED
AND
FILED

93 JUN 15 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

1. Name and Mailing Address of Corporation: **DOCUMENT # N9800000895**
RIVER RANCH SHORES HOMEOWNERS ASSOCIATION, INC.
5937 OAKMONT DRIVE
LAKE WALES FL 33853

FILING FEE \$225.00 Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Report Due or Quarterly: **04/04/1991** 3a. Date of Last Report: **04/28/1992**
4. Filing Year: **59-2378979** Accepted For: ☐ Not Applicable: ☐

5. Amount of Franchise Tax: **\$5.00** May Be Added to Fees: ☐
6. Franchise Tax: **\$138.75** Supplemental Fee Not Required: ☐
7. Tax Exempt Status: ☐ No ☐ Yes
8. This corporation has been a foreign corporation for the past year: ☐ No ☐ Yes

2. Mailing Address:
26. **5937 OAKMONT DRIVE**
27. **LAKE WALES FL**
28. **33853**

9. Name and Address of Current Registered Agent:
BAILEY, FLORENCE P.
5937 OAKMONT DR
LAKE WALES FL 33853

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address:
83. City:
84. State: **FL**

11. Pursuant to the provisions of Sections 601.0502 and 601.1102 of the Florida Statutes, I, the undersigned, do hereby certify that the information furnished herein is true and correct for the purpose of changing or registering agent or officers and directors of the corporation. I am aware that if I am found to be guilty of fraud, I will be liable for the costs of the corporation and the state.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:
12.1 NAME: **V SHINEY, JEREMIAH E.**
12.2 STREET ADDRESS: **5555 COLUMBIA CIR**
12.3 CITY, ST, ZIP: **LAKE WALES FL**
12.4 NAME: **D MILLER, AUVERGNE**
12.5 STREET ADDRESS: **5930 OAKMONT DR.**
12.6 CITY, ST, ZIP: **LAKE WALES FL**
12.7 NAME: **T BAILEY, FLORENCE**
12.8 STREET ADDRESS: **5937 OAKMONT DR.**
12.9 CITY, ST, ZIP: **LAKE WALES FL**
12.10 NAME: **D RILEY, IVAN**
12.11 STREET ADDRESS: **5566 CANTERBURY DR**
12.12 CITY, ST, ZIP: **LAKE WALES FL**
12.13 NAME: **D/P WEEKS, LLOYD**
12.14 STREET ADDRESS: **5540 CANTERBURY DR**
12.15 CITY, ST, ZIP: **LAKE WALES FL**
12.16 NAME: **S WEEKS, BETTY**
12.17 STREET ADDRESS: **5540 CANTERBURY DR**
12.18 CITY, ST, ZIP: **LAKE WALES FL**

13. **8000002435518-4**

14. I certify that the information furnished on this annual report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation, or a person in control of the corporation, and that my name appears in Block 12. (Block 12 is required for all corporations filing an annual report.)

SIGNATURE: **Florence P Bailey** Treasurer 6/1/93