

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90503 001 ***611.25

DOCUMENT # P00000004806

1. Entity Name

RRCA MANAGEMENT COMPANY



Principal Place of Business

3200 RIVER RANCH BLVD
RIVER RANCH FL 33867

Mailing Address

3200 RIVER RANCH BLVD
30350
RIVER RANCH FL 33867

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3620918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARGOLIS, ROBERT
25333 CANTERBURY DR
LAKE WALES FL 33898

7. Name and Address of New Registered Agent

Name: Leroy Mason
Street Address (P.O. Box Number is Not Acceptable):
3200 River Ranch Blvd
City: River Ranch FL Zip Code: 33867

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, No

Leroy Mason

(NOTE: Registered Agent signature required when reinstating)

5-14-04

DATE

FILE NOW!!! FEES \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COOK, DAVID	
STREET ADDRESS	9865 PINE ISLAND	
CITY-ST-ZIP	SPARTA MI 49345	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOAZIOU, WILLIAM	
STREET ADDRESS	57 HIGH VISTA DR	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOP, NORM	
STREET ADDRESS	198 PARK LANE	
CITY-ST-ZIP	ZEELAND MI 49464	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Huxley	
STREET ADDRESS	430 St Clair NW	
CITY-ST-ZIP	Grand Rapids, MI 49544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bam Bigley-Young	
STREET ADDRESS	1735 NW 12th St	
CITY-ST-ZIP	Miami Gardens, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Goszow 4/1/04 407-492-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #