

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-15-96

b-2209

C

DOCUMENT # P95000068144 (1)

1. Corporation Name

RIVER RANCH ORLANDO, INC.



Principal Place of Business

8801 EXCHANGE DRIVE  
ORLANDO FL 32809

Mailing Address

8801 EXCHANGE DRIVE  
ORLANDO FL 32809

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

74-2757366

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, WANDA  
8801 EXCHANGE DRIVE  
ORLANDO FL 32809

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 in applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D ☐ DELETE  
NAME MORRIS, DAVID  
STREET ADDRESS 8801 EXCHANGE DRIVE  
CITY-STATE-ZIP ORLANDO FL 32809

P ☐ Change ☒ Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

ST ☐ Change ☒ Addition  
2.1 TITLE  
2.2 NAME Wanda S. Evans  
2.3 STREET ADDRESS 8801 Exchange Drive  
2.4 CITY-STATE-ZIP Orlando FL 32809

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

AS ☐ Change ☒ Addition  
3.1 TITLE  
3.2 NAME Bernadette M. Kruk  
3.3 STREET ADDRESS 15303 Dallas Parkway, #1250  
3.4 CITY-STATE-ZIP Dallas, TX 75248

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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.

SIGNATURE:

Bernadette M. Kruk Bernadette M. Kruk

3/1/96

214-687-8230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)