

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733571

**Entity Name:** RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

9475 CR 657  
BUSHNELL, FL 33513

**Current Mailing Address:**

PO BOX 167  
NOBLETON, FL 34661

**FEI Number: 27-4284104**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAWSON, DOLORES  
9475 CR 657  
BUSHNELL, FL 33513 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HENSON, BOBBY  
Address 7093 CR 657W  
City-State-Zip: BUSHNELL FL 33513

Title T  
Name DOLORES, MAWSON  
Address 9475 CR 657  
City-State-Zip: BUSHNELL FL 33513

Title SECRETARY  
Name KULIGOFSKI, MARGARET  
Address PO BOX 167  
City-State-Zip: NOBLETON FL 34661

Title DIRECTOR  
Name HODGE, GARY  
Address 7127 CR 653  
City-State-Zip: BUSHNELL FL 33513

Title VP  
Name TROWELL, TONY  
Address PO BOX 167  
City-State-Zip: NOBLETON FL 34661

Title DIRECTOR  
Name TROWELL, CHARLES  
Address PO BOX 167  
City-State-Zip: NOBLETON FL 34661

Title DIRECTOR  
Name KULIGOFSKI, HARRY  
Address PO BOX 167  
City-State-Zip: NOBLETON FL 34661

Title DIRECTOR  
Name TROWELL, SHERRI  
Address PO BOX 167  
City-State-Zip: NOBLETON FL 34661

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DOLORES MAWSON**

**TREASURER**

**01/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HENSON, CHUCK  
Address        PO BOX 167  
City-State-Zip: NOBLETON FL 34661