

2017 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 D
Name REED, NED
Address 7138 CR 655
City-State-Zip: BUSHNELL FL 33513

Title D
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

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

01/21/2017

Electronic Signature of Signing Officer/Director Detail

Date