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 103 NOBLETON, FL 34661 US

# FEI Number: 27-4284104

## Name and Address of Current Registered Agent:

MAWSON, DOLORES 9475 CR 657 BUSHNELL, FL 33513 US

## Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	PRESIDENT	Title	Т
Name	HODGE, GARY	Name	DOLORES, MAWSON
Address	7127 CR 653	Address	9475 CR 657
City-State-Zip:	BUSHNELL FL 33513	City-State-Zip:	BUSHNELL FL 33513
Title	SECRETARY	Title	DIRECTOR
Name	KULIGOFSKI, MARGARET	Name	HODGE, GARY
Address	PO BOX 103	Address	7127 CR 653
City-State-Zip:	NOBLETON FL 34661	City-State-Zip:	BUSHNELL FL 33513
Title	VP	Title	DIRECTOR
Title Name	VP TROWELL, TONY	Title Name	DIRECTOR TROWELL, CHARLES
Name Address	TROWELL, TONY	Name	TROWELL, CHARLES
Name Address	TROWELL, TONY PO BOX 167	Name Address	TROWELL, CHARLES PO BOX 167
Name Address City-State-Zip:	TROWELL, TONY PO BOX 167 NOBLETON FL 34661	Name Address City-State-Zip:	TROWELL, CHARLES PO BOX 167 NOBLETON FL 34661
Name Address City-State-Zip: Title	TROWELL, TONY PO BOX 167 NOBLETON FL 34661 DIRECTOR	Name Address City-State-Zip: Title	TROWELL, CHARLES PO BOX 167 NOBLETON FL 34661 DIRECTOR
Name Address City-State-Zip: Title Name Address	TROWELL, TONY PO BOX 167 NOBLETON FL 34661 DIRECTOR KULIGOFSKI, HARRY	Name Address City-State-Zip: Title Name	TROWELL, CHARLES PO BOX 167 NOBLETON FL 34661 DIRECTOR TROWELL, SHERRI

# 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

01/25/2019

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 25, 2019 Secretary of State 9126825646CC

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	HENSON, BO	Name	SHELEY, TAMMY
Address	PO BOX 103	Address	PO BOX 103
City-State-Zip:	NOBLETON FL 34661	City-State-Zip:	NOBLETON FL 34661