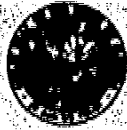


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 12: 05

DOCUMENT # 766483 (2)

1. Corporation Name
**OUTDOOR RESORTS-RIVER RANCH PROPERTY OWNERS ASSO
CIATION PHASE ONE, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**2470 HWY 60 E
P O BOX 30030
RIVER RANCH FL 33867**

3. Date Incorporated or Qualified **01/11/1983** 3a. Date of Last Report **06/28/1994**
4. FEI Number **59-2591004** Applied For Not Applicable

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.

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**
7. Nonprofit with IRS 501(c)(3) **\$68.75 Supplemental
Tax Exempt Status Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GALLOWAY, ALBERT C JR
240 PARK AVE.
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEAVY, ROY
STREET ADDRESS	ROAN RD LOT 74
CITY-ST-ZIP	RIVER RANCH FL
TITLE	VTD
NAME	CIMINO, HELEN
STREET ADDRESS	ROAN RD. LOT #86
CITY-ST-ZIP	RIVER RANCH FL
TITLE	PD
NAME	SPANGLER, BOYD
STREET ADDRESS	PALOMINO PATH, LOT 41
CITY-ST-ZIP	RIVER RANCH FL
TITLE	SD
NAME	LENHARD, DELORES
STREET ADDRESS	LONG HAMMOCK DR., LOT 104
CITY-ST-ZIP	RIVER RANCH FL
TITLE	D
NAME	SHUFFSTALL, HARRY
STREET ADDRESS	165 LITTLE EGYPT RD
CITY-ST-ZIP	SENECA PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helen M. Cimino*
HELEN M. CIMINO

4-25-95 813-692-1039

Date Daytime (Area #)