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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name 766483

OUTDOOR RESORTS-RIVER RANCH PROPERTY OWNERS ASSOCIATION PHASE ONE, INC. LONG HAMMOCK PROPERT LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

24700 HWY 60 E P O BOX 30030

24700 HWY 60 E P O BOX 30030



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Zij		**********	Country	28	Zip	KANCI				Trust Fund (Add	ed to Fees
	3867	-	S USA	29	3386°	7	Country US#		8	This corpora	tion has liability fo	r intangible ta	x under s	s. 199.032,
		[T Current Regis		/ 30) USF			Florida Statu		⚠ Yes □		
							81	Name	10	, Name and	Address of New	Registered	Agent	
(WOLLAS	AY AIRED	T C IP					142/110						
	GALLOWAY, ALBERT C JR 240 PARK AVE.						82	82 Street Address (P.O. Box Number is Not Acceptable)						
		LES FL 33	0E0											
L	ANE TIM	TEO LT 22	000				83							
							84	City					85 Z	ip Code
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0. 6	ursuant to r registere	itge provisio diagenti or h	ns of Sections (orth in the State	517.0502 and 611	7.1508, Florida	Statutes, tr	ne above-i	named co	orporation :	submits this st	atement for the puby accept the app	urpose of cha	nging its	registered office
fá	ımiliar with	, and accept	the obligations	of, Section 617.0	0503, Florida S	authorized by Statutes,	y ine corp	oration s	board of d	irectors. I here	by accept the app	pointment as	registere	d agent. I am
	ATURE													
		lgriature, typed o	printed name of regis	stered agent and tite if a	pplicable.	(NOTE: Re	gistered Ager	t signature r	required when r	einstating)		DATE		
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

United NAME OF SIGNING OFFICER OR DIRECTOR

HELEN CIMINO

941-692-1039