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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18907 (8)

1. Corporation Name
OUTDOOR RESORTS RIVER RANCH RV RESORT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 24700 HWY 60. EAST. MUSTANG CENTER P.O. BOX 30529 RIVER RANCH FL 33867	Mailing Address 24700 HWY 60. EAST. MUSTANG CENTER P.O. BOX 30529 RIVER RANCH FL 33867
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3. Date Incorporated or Qualified 01/26/1987		
4. FEI Number 58-1833415	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**GHOLSON, FREDERICK G.
5558 COLUMBIA CIRCLE
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name DONALD L. GERTHING	
82 Street Address (P.O. Box Number is Not Acceptable) 15244 GREATER GROVE BLVD.	
83	
84 City CLERMONT, FL	85 Zip Code 34711

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Donald L. Gerthing **2-27-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME SCHULZE, JOHN	
STREET ADDRESS 3590 ROUND BOTTOM RD.	
CITY-ST-ZIP CINCINNATI OH	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME WALL, BILL	
STREET ADDRESS 318 FOREST HILL DR.	
CITY-ST-ZIP WARNER ROBBINS GA	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME TYLER, JOHN	
STREET ADDRESS 221 LONGHORN DR.	
CITY-ST-ZIP RIVER RANCH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CASTLEBERRY, TED	
STREET ADDRESS 555 WATERWAY DR.	
CITY-ST-ZIP RIVER RANCH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HAINES, ROGER	
STREET ADDRESS 1370 HAWLEYTON RD.	
CITY-ST-ZIP BINGHAMPTON NY	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GREENE, FRAN	
STREET ADDRESS 109 WESTDALE CT.	
CITY-ST-ZIP TIMONIUM MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Donald K. Hall	
1.3 STREET ADDRESS 3590 Roundbottom Road Suite F16966	
1.4 CITY-ST-ZIP Cincinnati, Ohio 45244-3026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Richard Wolf	
2.3 STREET ADDRESS 3590 Roundbottom Road Suite F164009	
2.4 CITY-ST-ZIP Cincinnati, Ohio 45244-1732	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Stanley Crater	
3.3 STREET ADDRESS 4781 Clubhouse Trail	
3.4 CITY-ST-ZIP Gaylord, MI 49735	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Dennis O'Neill	
4.3 STREET ADDRESS P.O. Box 334 N/A	
4.4 CITY-ST-ZIP Tafton, Pa. 18464	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Lawrence Paffie	
5.3 STREET ADDRESS 3900 Fuller Hollow Road	
5.4 CITY-ST-ZIP Vestal, N.Y. 13850	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stanley W. Crater **2-20-98** **001-107-1116**

CR2E037 (10/97)