

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

INCORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

FILED
TAXY OF STATE
FOR CORPORATIONS

DOCUMENT # **N20368 (9)**

95 MAY -1 AM 8:28

**OUTDOOR RESORTS RIVER RANCH INN AND COTTAGES CON
DOMINIUM ASSOCIATION, INC.**

Principal Place of Business		Mailing Address	
24700 HWY. 60 EAST RIVER RANCH FL 33867		P.O. BOX 3233 TEQUESTA FL 33469	

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified	3a. Date of Last Report
04/28/1987	04/22/1994
4. FEI Number	Applied For / Not Applicable
59-1833413	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 24700 Hwy. 60 E. Suite Apt # etc.	26 P.O. Box 30350 Suite Apt # etc.
22 River Ranch, FL 33867 City & State	27 River Ranch, FL 33867 City & State
23 Zip 33867 Country USA	28 Zip 33867 Country USA
24 33867	25 USA
29 33867	30 USA

9. Name and Address of Current Registered Agent

**DEBEVOISE, CHARLES P.
24700 HWY 60 EAST
P.O. BOX 30350
RIVER RANCH FL 33867**

10. Name and Address of New Registered Agent

81 Name	Dorothy Highfield
82 Street Address (P.O. Box Number is Not Acceptable)	58 Palomino Path-24700 Hwy 60 E.
83 P.O. Box	30058
84 City	River Ranch
85 Zip Code	FL 33867

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: **Dorothy A. Highfield** *Dorothy A. Highfield* 4/21/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MYERS, PAT
STREET ADDRESS	4205 B 57TH AVE. SOUTH
CITY, ST, ZIP	GREENACRES CITY FL
TITLE	VD
NAME	THORNLEY, JOHN B.
STREET ADDRESS	14151 JENNIFER TERRACE
CITY, ST, ZIP	LARGO FL
TITLE	TD
NAME	HIGHFIELD, DOROTHY
STREET ADDRESS	P.O. BOX 33058 N/A 58 PALOMINO PATH
CITY, ST, ZIP	RIVER RANCH FL
TITLE	SD
NAME	IVESDAL, TRYGVE A.
STREET ADDRESS	1170 SW 21ST LANE
CITY, ST, ZIP	BOCA RATON FL
TITLE	D
NAME	YOUNG, BETTY
STREET ADDRESS	17135 NW 12TH CT.
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	SYLVESTER, MARY
STREET ADDRESS	3212 RIVER DR.
CITY, ST, ZIP	FT. PIERCE FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Morris, Robert G. Jr., MD	
13 STREET ADDRESS	P.O. Box 706- 7 Shadowbrook Dr.	
14 CITY, ST, ZIP	Tupkhanock, PA 18657-0706	
21 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Maureen Higgins	
23 STREET ADDRESS	816 8th Ct.	
24 CITY, ST, ZIP	Palm Bch. Gardens, FL 33410	
31 TITLE	T&S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Highfield, Dorothy	
33 STREET ADDRESS	P.O. Box 30058 - 58 Palomino Path	
34 CITY, ST, ZIP	River Ranch, FL 33867	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Megill, Harold E.	
43 STREET ADDRESS	P.O. Box 154- 343 Cott's Neck Road	
44 CITY, ST, ZIP	Farmingdale, N.J. 07727	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Cook, David	
53 STREET ADDRESS	9865 Pine Island	
54 CITY, ST, ZIP	Sparta, MI 49345	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is verifiably correct 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. 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: **Dorothy A. Highfield, Sec. & Treas.** *Dorothy A. Highfield* 813/692-1029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR