

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 03, 2006  
Secretary of State**

DOCUMENT# N20368

Entity Name: RIVER RANCH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3200 RIVER RANCH BLVD  
30350  
RIVER RANCH, FL 33867 US

**New Principal Place of Business:**

**Current Mailing Address:**

3200 RIVER RANCH BLVD  
30350  
RIVER RANCH, FL 33867 US

**New Mailing Address:**

FEI Number: 58-1833413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASON, LEROY  
3200 RIVER RANCH BLVD  
RIVER RANCH, FL 33867 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: AKERBLEM, CARL  
Address: 2017 SW 28TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP ( ) Delete  
Name: BIGBY YOUNG, BETTY  
Address: 1735 NW 12TH CT  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: CHIUCHIOLLO, RALPH  
Address: 508 LANTERNBACK DRIVE  
City-St-Zip: SATELLITE BCH, FL 32937

Title: PD ( ) Delete  
Name: HICKERY, JIM  
Address: 430 ST CLAIR NW  
City-St-Zip: GRAND RAPIDS, MI 49544

Title: TD ( ) Delete  
Name: GOAZIOU, WILLIAM  
Address: 57 HIGH VISTA DR  
City-St-Zip: DAVENPORT, FL 33837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS F. DUGAN

TREA

04/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date