

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20368 (9)**

1. Corporation Name
OUTDOOR RESORTS RIVER RANCH INN AND COTTAGES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**24700 HWY 60E
RIVER RANCH FL 33867
US**

Mailing Address
**P O BOX 30350
RIVER RANCH FL 33867
US**

3. Date Incorporated or Qualified **04/28/1987** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-1833413	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent
**HIGHFIELD, DOROTHY
58 PALAMINO PATH 34700 HWY 60 E
P OBOX 30058
RIVER RANCH FL 33867**

10. Name and Address of New Registered Agent

81. Name Linda K. Vinkle	82. Street Address (P.O. Box Number is Not Acceptable) 24700 Hwy 60 E - P.O. Box 30350
83. Lot 6 Emp. Housing	84. City River Ranch FL
85. Zip Code 33867	

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 **LINDA K. VINKLE, MANAGER** *Linda K. Vinkle* DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT G JR	
STREET ADDRESS	P OBOX 706-7	
CITY-ST-ZIP	TUNKHANNOCK PA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, MAUREEN	
STREET ADDRESS	816 8TH CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	HIGHFIELD, DOROTHY	
STREET ADDRESS	P.O. BOX 33058 N/A 58 PALOMINO PATH	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEGILL, HAROLD E	
STREET ADDRESS	P O BOX 154	
CITY-ST-ZIP	FARMINGDALE NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, DAVID	
STREET ADDRESS	9865 ONE ISLAND	
CITY-ST-ZIP	SPARTA MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SYLVESTER, MARY	
STREET ADDRESS	3212 RIVER DR.	
CITY-ST-ZIP	FT. PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2. NAME	VD JAMES B. PARENT
2.3. STREET ADDRESS	301 BEAR TRAIL - P.O. Box 30301
2.4. CITY-ST-ZIP	RIVER RANCH, FL 33867
3.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2. NAME	TSD JACK R. HARPER
3.3. STREET ADDRESS	222 Harbor Dr. - P.O. Box 715
3.4. CITY-ST-ZIP	BOCA GRANDE, FL 33921
4.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2. NAME	D PAUL R. DONNOLO
4.3. STREET ADDRESS	1102 68th St. W.
4.4. CITY-ST-ZIP	BRADENTON, FL 34209
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	D COOK, DAVID
5.3. STREET ADDRESS	9865 PINE ISLAND
5.4. CITY-ST-ZIP	SPARTA, MI
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 119.07(3)(k), 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: *Robert G. Morris, Jr* **Robert G. Morris, Jr** **PRES.** DATE: **4-13-96** DISTRICT PHONE # **941/692-2424**

CR2E037 (12/95)