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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20368 (9)

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



Principal Place of Business 24700 HWY 60E RIVER RANCH FL 33867 US	Mailing Address P O BOX 30350 RIVER RANCH FL 33867-0350 US
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3. Date Incorporated or Qualified 04/28/1987	3a. Date of Last Report 04/19/1996
4. FEI Number 58-1833413	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

VINKLE, LINDA K.
24700 HWY 60 E PO BOX 30350
LOT 6 EMP HOUSING
RIVER RANCH FL 33867

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, ROBERT G JR	
STREET ADDRESS	P OBOX 706-7	
CITY-ST-ZIP	TUNKHANNOCK PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARENT, JAMES B.	
STREET ADDRESS	301 BEAR TRAIL PO BOX 30301	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, JACK R.	
STREET ADDRESS	222 HARBOR DR PO BOX 715	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONNOLO, PAUL R.	
STREET ADDRESS	1102 68TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, DAVID	
STREET ADDRESS	9865 PINE ISLAND	
CITY-ST-ZIP	SPARTA MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bradley, Maureen	
1.3 STREET ADDRESS	816 8th Ct.	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
2.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Parent, James B.	
2.3 STREET ADDRESS	301 Bear Tr. P.O. Box 30301	
2.4 CITY-ST-ZIP	River Ranch, FL 33867	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steinhoff, Les J.	
3.3 STREET ADDRESS	2013 Bluff Pointe Dr.	
3.4 CITY-ST-ZIP	Columbia, MO 65201	
4.1 TITLE	Vice-President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donnolo, Paul R.	
4.3 STREET ADDRESS	1102 68th St. W.	
4.4 CITY-ST-ZIP	Bradenton, FL 34209	
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cook, David	
5.3 STREET ADDRESS	9865 Pine Island	
5.4 CITY-ST-ZIP	Sparta, MI 49345	
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 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: *X James B. Parent* **James B. Parent** **4/29/97 (941)692-2424**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone # **0054064**

CR2E037 (9/96)