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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N20368 (9)  
1. Corporation Name  
RIVER RANCH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: RIVER RANCH FL 33867 US  
Mailing Address: P O BOX 30350 RIVER RANCH FL 33867 US

3. Date Incorporated or Qualified: 04/28/1987  
4. FEI Number: 58-1833413  
Applied For: Not Applicable

2. Principal Place of Business: 6 Egret Lane, River Ranch, FL 33867  
2a. Mailing Address: P.O. Box 30350, River Ranch, FL 33867

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Condo Ass'n, Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: VINKLE, LINDA K., 2405 EGRET LANE PO BOX 30350 RIVER RANCH FL 33867

10. Name and Address of New Registered Agent: Vinkle, Linda K., 6 Egret Lane, P.O. Box 30350, River Ranch, FL 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, Mgr. LINDA K. VINKLE 3-17-98

12. OFFICERS AND DIRECTORS

TITLE	ST BRADLEY, MAUREEN	<input checked="" type="checkbox"/> DELETE
NAME	816 8TH CT	
STREET ADDRESS	PALM BEACH GARDENS FL	
CITY-ST-ZIP		
TITLE	D STEINHOFF LES J	<input checked="" type="checkbox"/> DELETE
NAME	2013 BLUFF POINTE DR	
STREET ADDRESS	COLUMBIA MO	
CITY-ST-ZIP		
TITLE	TSQ HARPER JACK R.	<input checked="" type="checkbox"/> DELETE
NAME	222 HARBOR DR PO BOX 715	
STREET ADDRESS	BOCA GRANDE FL	
CITY-ST-ZIP		
TITLE	VP DONNOLO, PAUL R.	<input checked="" type="checkbox"/> DELETE
NAME	1102 68TH ST W	
STREET ADDRESS	BRADENTON FL	
CITY-ST-ZIP		
TITLE	COOK, DAVID	<input checked="" type="checkbox"/> DELETE
NAME	9865 PINE ISLAND	
STREET ADDRESS	SPARTA MI	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec/Treas.	<input checked="" type="checkbox"/> Change <input 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steinhoff, Les J.	
2.3 STREET ADDRESS	2013 Bluff Pointe Dr.	
2.4 CITY-ST-ZIP	Columbia, MO 65201	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Swett, A.H.	
3.3 STREET ADDRESS	P.O. Box 30319- 470 Blue Heron Cir.	
3.4 CITY-ST-ZIP	River Ranch, FL 33867	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lenhard, Dolores-104 Long Hammock Dr.	
4.3 STREET ADDRESS	P.O. Box 30104 - 104 Long Hammock Dr.	
4.4 CITY-ST-ZIP	River Ranch, FL 33867	
5.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cook, David W.	
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 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 to an address.  
SIGNATURE: LES J. STEINHOFF 3/17/98 941/692-2424

CR2E037 (10/97)