

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90063 018 ****61.25

DOCUMENT # N20368

1. Entity Name

RIVER RANCH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6 EGRET LANE
 RIVER RANCH FL 33867
 US

PO BOX
 RIVER RANCH FL 33867
 US

044100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 30350

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

RIVER RANCH FL

4. FEI Number

58-1833413

Applied For

Not Applicable

Zip

Country

Zip

Country

33867

POIK

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINKLE, LINDA K.
 6 EGRET LANE
 PO BOX 30350
 RIVER RANCH FL 33867

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **ST. BRADLEY, MAUREEN**
 STREET ADDRESS: **816 8TH CT**
 CITY-ST-ZIP: **PALM BEACH GARDENS FL 33410**

TITLE: Change Addition
 NAME: **DIRECTOR BRADLEY, MAUREEN**
 STREET ADDRESS: **816 8th Court**
 CITY-ST-ZIP: **Palm Beach Gardens, FL 33410**

TITLE: Delete
 NAME: **P STEINHOFF, LES J**
 STREET ADDRESS: **2013 BLUFF POINTE DR**
 CITY-ST-ZIP: **COLUMBIA MO 65201**

TITLE: Change Addition
 NAME: **P**
 STREET ADDRESS: **STEINHOFF, LES J**
 CITY-ST-ZIP: **2013 BLUFF POINTE DR COLUMBIA MO 65201**

TITLE: Delete
 NAME: **D SWETT, A.H.**
 STREET ADDRESS: **PO BOX 30319 - 470 BLUE HERON CIRCLE**
 CITY-ST-ZIP: **RIVER RANCH FL 33867**

TITLE: Change Addition
 NAME: **VICE PRESIDENT BARGACHYM, RONALD**
 STREET ADDRESS: **P.O. BOX 30352 - 90 ROAN Road**
 CITY-ST-ZIP: **RIVER RANCH, FL 33867**

TITLE: Delete
 NAME: **VP COOK, DAVID**
 STREET ADDRESS: **9865 PINE ISLAND**
 CITY-ST-ZIP: **SPARTA MI 49345**

TITLE: Change Addition
 NAME: **DIRECTOR COOK, DAVID**
 STREET ADDRESS: **9865 PINE ISLAND**
 CITY-ST-ZIP: **SPARTA, MI 49345**

TITLE: Delete
 NAME: **D CARSON, MEYER**
 STREET ADDRESS: **5405 SUNSET BLVD.**
 CITY-ST-ZIP: **FT. PIERCE FL 34982**

TITLE: Change Addition
 NAME: **SEC/TREASURER McFERRIN, ROBERT**
 STREET ADDRESS: **1039 Hillsboro Mile - Unit 21**
 CITY-ST-ZIP: **Hillsboro Beach, FL 33062**

TITLE: Delete
 NAME: **VINKLE, LINDA K.**
 STREET ADDRESS: **1137 Cephia St.**
 CITY-ST-ZIP: **Lake Wales, FL 33853**

TITLE: Change Addition
 NAME: **Asst Sec/Treas. VINKLE, LINDA K.**
 STREET ADDRESS: **1137 Cephia St.**
 CITY-ST-ZIP: **Lake Wales, FL 33853**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

LES J STEINHOFF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 (863) 692-2424
 Date Daytime Phone #

CR2E037 (9/99)