

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

0088048

04-05-2001 90018 043 ****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

P.O. BOX 30350
 RIVER RANCH FL 33867
 US

737958



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1833413

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Margolis, Robert A.

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

25333 Canterbury Drive

City

Lake Wales,

FL

Zip Code
33853

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

Robert A. Margolis, VP

3/29/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, MAUREEN 816 8TH CT PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINHOFF, LES J 2013 BLUFF POINTE DR COLUMBIA MO 65201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBACHYM, RONALD P.O. BOX 30352- 90 ROAN ROAD RIVER RANCH FL 33867	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DAVID 9865 PINE ISLAND SPARTA MI 49345	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCFERREN, ROBERT 1039 HILLSBORO MILE- UNIT 21 HILLSBORO BEACH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST VINKLE, LINDA S 1137 CEPHIA ST. LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Margolis, Robert A. 25333 Canterbury Dr Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbachym, Ronald PO Box 30352--90 Roan Rd. River Ranch, FL 33867	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Vinkle, Linda K. 1137 Cephia Street Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(573)499-0045

Date **3/29/01** Daytime Phone #

CR2E037 (10/00)