

Decide office address - change form & file
Declaration and Petition for Incorporation

For Use By
The Secretary of State
File No.....
Fee Paid.....
R.N.....
Date.....

**APPLICATION MUST BE TYPEWRITTEN
DO NOT FILE IN DUPLICATE**

The undersigned declarants and petitioners.

NAME	STREET ADDRESS AND CITY
Blair C. Patterson	Suite 201, 200 Main Street Hilton Head Island, SC 29928
James M. Nemeth	Suite 201, 200 Main Street Hilton Head Island, SC 29928

being two or more of the officers or agents appointed to supervise or manage the affairs of Ribaut Island Property Owners Association, Inc.

a Non-profit corp. which has been duly and regularly organized for the purposes hereinafter to be set forth, do affirm and declare:
That at a meeting of the aforesaid organization, held pursuant to the by-laws or regulations of the said organization, they were authorized and directed to apply for incorporation.
That the said organization holds, or desires to hold, property in common for a Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpose, or any two or more of said purposes, and is not organized for the purpose of profit or gain to the members, otherwise than is above stated, or for the insurance of life, health, accident or property; and that the three days' notice in the Island Packet a newspaper published in the County of Beaufort has been given that the aforesaid Declaration would be filed.

The said Declarants and Petitioners further declare and affirm:
FIRST. Their names and residences are as above given.
SECOND. The name of the proposed Corporation is RIBAUT ISLAND PROPERTY OWNERS ASSOCIATION, INC.

THIRD. The place at which it proposes to have its headquarters or to be located is Suite 201, 200 Main Street in the City of Hilton Head Island
(Street and Number)

FOURTH. The purpose of the said proposed Corporation is See the attached Exhibit "A," such exhibit being attached hereto and incorporated herein by its reference.

FIFTH. The names and residences of all Managers, Trustees, Directors or other officers, are as follows:

NAMES	TITLE	ADDRESS
Blair C. Patterson	President & Director	Ste. 201, 200 Main St., HHI, SC
James M. Nemeth	V. President & Director	Ste. 201, 200 Main St., HHI, SC
Lorene C. Coquille	Secretary & Director	Ste. 201, 200 Main St., HHI, SC
Stanley E. Hunt		
Peter D. Coquille		

SIXTH. That they desire to be incorporated in perpetuity (or number of years _____).

Wherefore your petitioners pray that the Secretary of State do issue to the aforesaid RIBAUT ISLAND PROPERTY OWNERS ASSOCIATION, INC.
(Repeat Name of Association)

*SEVENTH. See Below.

A Certificate of Incorporation, with all rights, powers, privileges and immunities, and subject to all the limitations and liabilities conferred by Title 33, Chapter 31, 1976 Code, and Acts amendatory thereto, to provide for the incorporation of Religious, Education, Social, Fraternal or Charitable Churches, Lodges, Societies, Associations, or Companies, and for amending the Charters of those already formed and to be formed.

(Sign here) Blair C. Patterson
BLAIR C. PATTERSON
X
JAMES M. NEMETH

Date _____ 19____

*SEVENTH. In accordance with Section 33-31-20 of the Code of Laws of South Carolina, 1976 the undersigned wish to include in this Application the terms and provisions contained in Exhibit "B," such exhibit being attached hereto and incorporated herein by its reference.
(Attested on other side)

INSTRUCTIONS

FILING FEES—Churches, Religious Organizations, Religious Societies, Religious Institutions and Volunteer Fire

Departments \$3.00
Other Non-profit Corporations \$15.00

All fees are payable to the Secretary of State.

Two petitioners are all that is required.

State the purpose of your organization tersely in general terms. Do not attempt to include therein matter that should go into your by-laws, or specifically ask for certain powers granted under the law to all corporations-such as the right to buy and hold property, to have a common seal, etc.

SHOULD ASSOCIATION BE OTHER THAN A CHURCH, HAVE THE SHERIFF ENDORSE THE PETITION.

THE AFFIDAVIT BELOW MUST BE COMPLETED BEFORE THE CHARTER WILL BE ISSUED.

AFFIDAVIT EXECUTED AS A PART OF THE DECLARATION AND PETITION FOR INCORPORATION OF A PROPOSED CORPORATION NAME

STATE OF SOUTH CAROLINA)

)

COUNTY OF)

The undersigned Blair C. Patterson and James M. Nemeth

do hereby certify that they are the officers or persons signing the petition for incorporation of a non-profit corporation having no capital stock, that all the facts in the petition are true and correct and that the corporation will not operate for a profit for itself or any of its members.

(1) X [Signature]
BLAIR C. PATTERSON

(2) X
JAMES M. NEMETH

Sworn to before this

day of , 19

Notary Public for South Carolina

My commission expires

NOTICE: IF IT IS FOUND THAT THE CORPORATION IS OPERATED FOR PROFIT, THIS MAY BE GROUNDS FOR REVOCATION OF CHARTER.

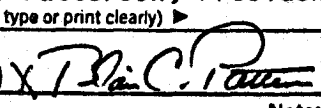
PLEASE MAIL THIS APPLICATION WITH CORRECT REMITTANCE TO: Secretary of State
P. O. Box 11350, Columbia, South Carolina 29211

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

Official Use Only

OMB No. 1545-0003
 Expires 7-31-91

1 Name of applicant (True legal name. See instructions.) RIBAUT ISLAND PROPERTY OWNERS ASSOCIATION, INC.			
2 Trade name of business if different from item 1		3 Executor, trustee, "care of name" Blair C. Patterson	
4 Mailing address (street address) (room, apt., or suite no.) Suite 201, 200 Main Street		5 Address of business, if different from item 4. (See instructions.) Same	
4a City, state, and ZIP code Hilton Head Island, SC 29928		5a City, state, and ZIP code Same	
6 County and State where principal business is located Beaufort County, South Carolina			
7 Name of principal officer, grantor, or general partner. (See instructions.) ▶ Blair C. Patterson			
8 Type of entity (Check only one.) (See instructions.)			
<input type="checkbox"/> Individual SSN _____ <input type="checkbox"/> Plan administrator SSN _____ <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) _____ If nonprofit organization enter GEN (if applicable) _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ▶ _____			
8a If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶		Foreign country	State
9 Reason for applying (check only one)			
<input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
10 Business start date or acquisition date (Mo., day, year) (See instructions.) June 1, 1989		11 Enter closing month of accounting year (See instructions.) December 31	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year). ▶ Unknown			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0". ▶			Nonagricultural 0
			Agricultural
			Household
14 Does the applicant operate more than one place of business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter name of business. ▶			
15 Principal activity or service (See instructions.) ▶ Home Owner's Association			
16 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used. ▶			
17 To whom are most of the products or services sold? Please check the appropriate box.			<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶			<input checked="" type="checkbox"/> N/A
18 Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please answer items 18a and 18b.			
18a If the answer to item 18 is "Yes," give applicant's true name and trade name, if different when applicant applied.			
True name ▶		Trade name ▶	
18b Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year)		City, and state where filed	Previous EIN
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Telephone number (include area code)
Name and title (please type or print clearly) ▶ Blair C. Patterson, President			(803) 785-7500
Signature ▶ (BCP) 		President	Date ▶
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	Ind.	Class
			Reason for applying



STATE OF SOUTH CAROLINA
INITIAL ANNUAL REPORT OF CORPORATIONS

CL-1
(Rev. 10/88)
3134

File Number _____ ENDING PERIOD 12/89
Month Year

FILE THIS RETURN WITH ARTICLES OF INCORPORATION OR APPLICATION FOR AUTHORITY TO DO BUSINESS.

NAME OF CORPORATION Ribaut Island Property Owners Association, Inc.		
ADDRESS OF CORPORATION (NUMBER AND STREET) Suite 201, 200 Main Street		
CITY AND STATE Hilton Head Island, SC	ZIP 29926	COUNTY Beaufort
Date "Application for Charter" filed with Secretary of State <u>Simultaneous to this filing</u>		
Date of "Request for authority to do business in this state" (Foreign Corp.) _____		
IRS Employer Identification Number <u>Applied for</u> Business Code _____		
1. State of incorporation: <u>South Carolina</u>		
2. Nature of principal business in South Carolina: <u>Non-profit Property Owner's Association</u>		
3. Location of registered office of the corporation in the state of South Carolina is <u>Ste 201, 200 Main St</u> in the city of <u>Hilton Head Island</u> . Registered agent at such address is <u>James M. Nemeth</u>		
4. Location of principal office in South Carolina (street, city and county): <u>Ste. 201, 200 Main St., HHI, SC</u>		
5. Date business commenced in South Carolina: <u>Unknown</u> Telephone # <u>(803)785-7500</u>		
6. The corporation's books are in care of <u>Lorene C. Coquillette</u> located at <u>HHI, SC</u>		
7. Indicate date corporation closes its books: <u>December 31</u>		
8. If a professional corporation are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation? _____		
9. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:		
Name Business Address and Office		
<u>Blair C. Patterson- President/Director Suite 201, 200 Main St., Hilton Head Isl, SC 29926</u>		
<u>James M. Nemeth- Vice. Pres./Director, Suite 201, 200 Main St., Hilton Head Isl, SC 29926</u>		
<u>Lorene C. Coquillette- Sec./Director Suite 201, 200 Main St., Hilton Head Isl, SC 29926</u>		
10. The total number of authorized shares of capital stock itemized by class and series, if any, within each class is as follows:		
Number of Shares Class Series		
Not Applicable		
11. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:		
Number of Shares Class Series		
Not Applicable		
1. Fee due with this report 1. <u>25 00</u>		
2. Interest due 2. _____		
3. Penalty due 3. _____		
4. Total - Fee, Interest and Penalty (Make remittance payable to SC Tax Commission.) 4. \$ <u>25 00</u>		

ATTACH REMITTANCE HERE

AFFIDAVIT

I, the undersigned, principal officer of the corporation for which this return is made, declare that this return including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

McNair Law Firm, P.A.

THIS RETURN PREPARED BY

DATE

Blair C. Patterson
SIGNATURE OF OFFICER AUTHORIZED TO SIGN
Blair C. Patterson
President
TITLE