
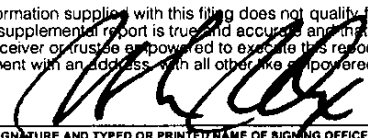


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90018 030 \*\*\*\*61.25

DOCUMENT # N05000003991			
1. Entity Name RANCH LAKE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240		Mailing Address 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		46 N. WASHINGTON BLVD. Suite, Apt. #, etc. SUITE 1	
City & State		City & State SARASOTA, FL 34236	
Zip	Country	Zip	Country
		34236	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LPS CORPORATE SERVICES, INC. 46 N WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		DP COX, JOHN J. 7015 Professional Parkway East Sarasota, FL 34240	
		DV COX, JOHN J. III 7015 Professional Parkway East Sarasota, FL 34240	
		D KRAMER, DAVID 7015 Professional Parkway East Sarasota, FL 34240	
		ST SAMPSON, VANESSA 7015 Professional Parkway East Sarasota, FL 34240	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowerments.			
SIGNATURE: 		(941) 907-9099	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
JOHN J. COX, President			