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FILED
May 21 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000000256 (7)
 1. Corporation Name
RUXTON VILLAGE II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: **8201 RIVER RIDGE BLVD. NEW PORT RICHEY FL 34654**
 Mailing Address: **8201 RIVER RIDGE BLVD. NEW PORT RICHEY FL 34654**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/19/1994** 3a. Date of Last Report

4. FEI Number: **59-3232124** Applied For: Not Applicable:

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address: **10730 U.S. 19, Suite 17**

27. Suite, Apt. #, etc.: **Port Richey, FL**

28. City & State

29. Zip Country: **34668 U.S.A.**

9. Name and Address of Current Registered Agent
NICHOLS, MICHELE J
8201 RIVER RIDGE BLVD.
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81. Name: **R. Peate**

82. Street Address (P.O. Box Number is Not Acceptable): **10730 U. S. Hwy 19, Suite 17**

83. City: **Port Richey, FL** 85. Zip Code: **34668**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Russell Peate* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE: **PD**
 NAME: **NICHOLS, MICHELE J**
 STREET ADDRESS: **8201 RIVER RIDGE BLVD.**
 CITY - ST - ZIP: **NEW PORT RICHEY FL 34654**

TITLE: **VD**
 NAME: **BOYCE, M.D.**
 STREET ADDRESS: **8201 RIVER RIDGE BLVD.**
 CITY - ST - ZIP: **NEW PORT RICHEY FL 34654**

TITLE: **SD**
 NAME: **PAUL, WILLIAM D**
 STREET ADDRESS: **8201 RIVER RIDGE BLVD.**
 CITY - ST - ZIP: **NEW PORT RICHEY FL 34654**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **VD** Change Addition
 1.2 NAME: **BJ Reynolds**
 1.3 STREET ADDRESS: **8201 River Ridge Blvd.**
 1.4 CITY - ST - ZIP: **NEW PORT RICHEY, FL 34654**

2.1 TITLE: **P** Change Addition

3.1 TITLE: Change Addition

4.1 TITLE: Change Addition

5.1 TITLE: Change Addition

6.1 TITLE: Change Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 with an address.

SIGNATURE: *William D. Paul* 5/13/97 (413) 846-6586