


FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N9400000256 (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 10730 US 19 STE 17 PORT RICHEY FL 34668
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3. Date Incorporated or Qualified 01/19/1994		
4. FEI Number 59-3232124	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	
PEATE, R. 10730 US HWY 19 STE 17 PORT RICHEY FL 34668	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, MICHELE J - -	1.2 NAME	Abate, Mickey
STREET ADDRESS	8201 RIVER RIDGE BLVD. - -	1.3 STREET ADDRESS	7638 Haige Court
CITY-ST-ZIP	NEW PORT RICHEY FL - -	1.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYCE, M.D. - -	2.2 NAME	Formosa, Pat
STREET ADDRESS	8201 RIVER RIDGE BLVD. - -	2.3 STREET ADDRESS	7530 Roy Court
CITY-ST-ZIP	NEW PORT RICHEY FL - -	2.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, WILLIAM D - -	3.2 NAME	Streeter, Shirley
STREET ADDRESS	8201 RIVER RIDGE BLVD. - -	3.3 STREET ADDRESS	7645 Upton Court
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	3.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, BJ - - - -	4.2 NAME	Barbour, Doris
STREET ADDRESS	8201 RIVER RIDGE BLVD. - -	4.3 STREET ADDRESS	7526 Vale Loop
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	4.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Duchene, Fran
STREET ADDRESS		5.3 STREET ADDRESS	10701 Mill River Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Russell Paul Ruxton* 3-10-98 / 83 869-9200

CFR2037 (10/97)