## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400000256

1. Corporation Name

RUXTON VILLAGE II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8201 RIVER RIDGE BLVD. NEW PORT RICHEY FL 34654

2. Principal Place of Business

10730 US 19 STE 17 PORT RICHEY FL 34668

2a. Mailing Address

## FILED Mar 24, 1999 8:00 am § Secretary of State

03-24-1999 90033 027 \*\*\*\*61.25

|--|--|

3. Date incorporated or Qualifed

| 21 4034°  | 7 US 19 NORTH  | 26 P.O. BOX 6                   | 95                                    | 01/19/1994                                       |                    |              |  |  |
|---|--|---------------------------------|---------------------------------------|--|--------------------|--------------|--|--|
| Suite; Apt.   |  | Suite, Apt. #, etc.             |                                       | 4. FEI Number                                    | App                | lied For     |  |  |
| 22 SUIT   | E 201  | 27                              |                                       | 59-3232124                                       |                    | Applicable   |  |  |
| City & State  |  | City & State                    |                                       | 5. Certifcate of Status Desired                  | \$8.75 A           |              |  |  |
| 23 TARPO  | N SPRINGS  | 28 TARPON SPR                   | <u> </u>                              | J. Certificate of Citatos Desires                | Fee Red            | ·            |  |  |
| Zip   | Country  | Zip                             | Country                               | 6. Election Campaign Financing                   | <b>\$5.00</b> 1    |              |  |  |
| 24 3468   | 9 <u>25</u> USA  | 29 34689 3                      | - 0 -                                 | Trust Fund Contribution                          | Added to           | Fees         |  |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  |  |                                 |                                       |  |                    |              |  |  |
| Name  TRENE KARAGIANS   |  |                                 |                                       |  |                    |              |  |  |
| PEATE, R.   |  |                                 | 82 Street Add                         | dress (P.O. Box Number is Not Acceptable)        |                    |              |  |  |
|   | HWY 19 STE 17  | <b>√</b> •••                    | 4039                                  | IN US 19 NORTH                                   |                    |              |  |  |
|   | HEY FL 34668   |                                 | 83 SULT                               | TE 201   |                    |              |  |  |
|   |  | •                               | 84 City                               |  | 85 Zip Ç           | ode          |  |  |
|   |  |                                 | TARK                                  |  | <b>FL</b>   394    | 587 <u> </u> |  |  |
| 11. Pursuant  | to the provisions of Sections 617.0502   | and 617.1508, Florida Statutes  | , the above-named cor                 | poration submits this statement for the purpos   | se of changing its | egistered    |  |  |
| office or n   | egistered agent, or both, in the State of<br>m familiar with, and accept the obligatio | ns of, Section 617.0503, Florid | ionzed by the corporal<br>a Statutes. | tion's board of directors. I hereby accept the a | ppointment as reg  | 10101        |  |  |
|   | TRENE KARAGIAN   | / / 🗸                           | • •                                   | <i>3-1</i>                                       | 15-99              |              |  |  |
| Storature, bred or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |  |                                 |                                       |  |                    |              |  |  |
| 12.   | OFFICERS AND   |                                 | 13.7                                  | ADDITIONS/CHANGES TO OFFICER                     |                    |              |  |  |
| TITLE   | PD   | ☐ DELETE                        | 1.1 TITLE                             |  | ☐ Change           | Addition     |  |  |
| NAME  | ABATE, MICKEY  |                                 | 1.2 NAME                              |  |                    |              |  |  |
| STREET ADDRESS  | 7638 HAIGE COURT   |                                 | 1.3 STREET ADDRESS                    |  |                    |              |  |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL   |                                 | 1.4 CITY-ST-ZIP                       |  |                    |              |  |  |
| TITLE   | VP   | ☐ DELETE                        | 2.1 TITLE                             |  | ☐ Change           | ☐ Addition   |  |  |
| NAME !  | FORMOSA, PAT   |                                 | 2.2 NAME                              |  | •                  |              |  |  |
| STREET ADDRESS  | 7530 ROY COURT   |                                 | 2.3 STREET ADDRESS                    |  |                    |              |  |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL   |                                 | 2, 4 CITY-ST-ZIP                      |  |                    |              |  |  |
| TITLE   | TD   | ☐ DELETE                        | 3.1 TITLE                             |  | ☐ Change           | Addition     |  |  |
| NAME  | STREETER, SHIRLEY  |                                 | 3.2 NAME                              |  |                    |              |  |  |
| STREET ADDRESS  | 7645 UPTON COURT   |                                 | 3.3 STREET ADDRESS                    |  |                    |              |  |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL 34654   |                                 | 3.4. CITY-ST-ZIP                      |  |                    |              |  |  |
| TITLE   | SD   | ☐ DELETE                        | 4.1 TITLE                             | •  | Change             | ☐ Addition   |  |  |
| NAME  | BARBOUR, DORIS   |                                 | 4. 2 NAME                             |  |                    |              |  |  |
| STREET ADDRESS  | 7526 VALE LOOP   |                                 | 4.3 STREET ADDRESS                    |  |                    |              |  |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL 34654   |                                 | 4.4 CITY-ST-ZIP                       |  |                    |              |  |  |
| TITLE   | D  | ☐ DELETE                        | 5.1 TITLE                             |  | ☐ Change           | ☐ Addition   |  |  |
| NAME  | DUCHENE, FRAN  |                                 | 5.2 NAME                              |  |                    |              |  |  |
| STREET ADDRESS  | 10701 MILL RIVER DRIVE   |                                 | 5.3 STREET ADDRESS                    |  | •                  |              |  |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL   |                                 | 5.4 CITY-ST-ZIP                       |  |                    |              |  |  |
| TITLE   |  | ☐ DELETE                        | 6.1 TITLE                             |  | ☐ Change           | ☐ Addition   |  |  |
| NAME  |  |                                 | 6.2 NAME                              |  |                    |              |  |  |
| STREET ADDRESS  | 1  |                                 | 6.3 STREET ADDRESS                    | ,  |                    |              |  |  |
| CITY CT 780   |  |                                 | 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)(i), 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, with all other like empowered.

SIGNATURE: MISIGNATUR GLEGUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*727-942-475*5

Daytime P

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