

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000256

FILED
Apr 13, 2009
Secretary of State

Entity Name: RUXTON VILLAGE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

40347 US 19 NORTH
STE 201
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

PO BOX 695
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3232124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARAGIANS, IRENE
40347 US 19 NORTH
STE 201
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GARNEAU, RICHARD
Address: 7532 ROLAND COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Delete
Name: POPILLO, JOSEPH
Address: 7529 ROY CT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD () Delete
Name: MCCLAIN, EILEEN
Address: 10643 MILLRIVER DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S () Delete
Name: DIERKING, BEVERLY
Address: 7633 UPTON CT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T () Delete
Name: HOEY, DONNA
Address: 7612 TOLAR DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN MCCLAIN

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date