


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000001390

1. Entity Name
HOMES FOR RUSKIN PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 201 14TH STREET S.E. STE H RUSKIN, FL 33570 US	Mailing Address 1315 CASA BONITA AVE RUSKIN, FL 33570
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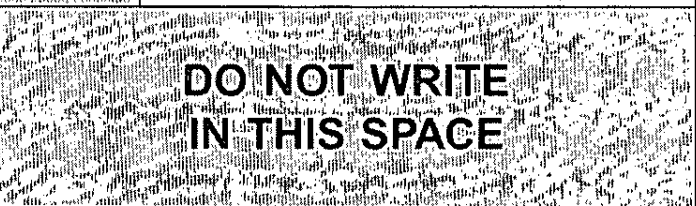


02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3581174	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURKE, EILEEN M
 201 14TH STREET S.E.
 STE H
 RUSKIN, FL 33570**



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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reappointing)

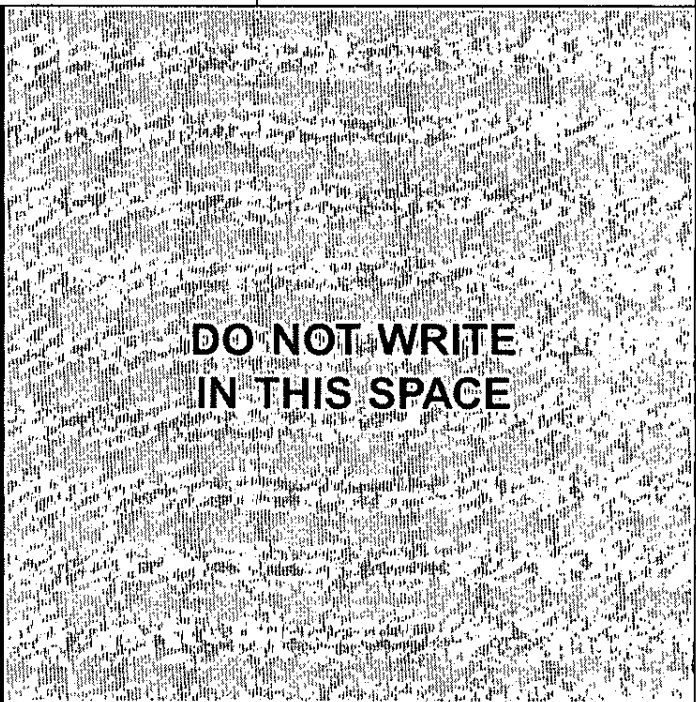
**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000933061
 02/27/08-80084-013 70.00

10. OFFICERS AND DIRECTORS

TITLE P	BURKE, EILEEN
STREET ADDRESS 1315 CASA BONITA AVE	
CITY-ST-ZIP RUSKIN, FL 33570	
TITLE D	ORTIZ, VANESSA
STREET ADDRESS 201 14TH STREET S.E.	
CITY-ST-ZIP RUSKIN, FL 33570	
TITLE D	SHIPMAN, JOAN
STREET ADDRESS 1315 CASA BONITA AVE.	
CITY-ST-ZIP RUSKIN, FL 33570	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



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 empowered.

SIGNATURE: Eileen M Burke **2-14-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #