

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 049 ****61.25

DOCUMENT # N01000000481

1. Entity Name
RYBOLT'S RESERVE HOMEOWNERS ASSOCIATION, INC.



40051011

Principal Place of Business
**882 JACKSON AVE.
WINTER PARK, FL 32789**

Mailing Address
**882 JACKSON AVE.
WINTER PARK, FL 32789**

2. Principal Place of Business

5401 S. Kirkman Rd.

Suite, Apt. #, etc.

Suite 450

City & State

Orlando FL

Zip
32819

Country

3. Mailing Address

5401 S. Kirkman Rd.

Suite, Apt. #, etc.

Suite 450

City & State

Orlando FL

Zip
32819

Country

02202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3700320

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, MARC
882 JACKSON AVE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **David Bowman**

Street Address (P.O. Box Number is Not Acceptable)

5401 S. Kirkman

Rd. **Suite 450**

City **Orlando**

FL Zip Code **32819**

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

David Bowman

David Bowman CAM

4/18/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **CASEY, DENNIS J**
STREET ADDRESS **1017 E SOUTH STREET**
CITY - ST - ZIP **ORLANDO, FL 32801**

TITLE **DV** ☒ Delete
NAME **HILL, CAREY L**
STREET ADDRESS **1017 E SOUTH STREET**
CITY - ST - ZIP **ORLANDO, FL 32801**

TITLE **DST** ☒ Delete
NAME **BOLEN, JAMES L**
STREET ADDRESS **1017 E SOUTH STREET**
CITY - ST - ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Rhonda Parnell**
STREET ADDRESS **4654 Aguila Pl.**
CITY - ST - ZIP **Orlando FL 32828**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Patrick Kerr**
STREET ADDRESS **14527 Unbridled Dr.**
CITY - ST - ZIP **Orlando FL 32828**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Ayman Barberi**
STREET ADDRESS **4748 Northern Pines Wy.**
CITY - ST - ZIP **Orlando FL 32828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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:

Rhonda E Parnell **Rhonda E Parnell**

4-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #