

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000481

Entity Name: RYBOLT'S RESERVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1942 W COUNTY ROAD 419, SUITE 1030
OVIDO, FL 32766**Current Mailing Address:**1942 W COUNTY ROAD 419, SUITE 1030
OVIDO, FL 32766 US**FEI Number:** 59-3700320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SPECIALISTS, INC.
1942 W COUNTY ROAD 419, SUITE 1030
OVIDO, FL 32766 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	ROBINSON, DEBBIE
Address	1942 W COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	PRESIDENT
Name	GOODNOUGH, MICHELLE
Address	1942 W COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	DIRECTOR
Name	KIDD, GREGORY
Address	1942 W COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	TREASURER
Name	AMBROSI, DARREN
Address	1942 W COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	SECRETARY
Name	HANI, HANI
Address	1942 W COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	VP
Name	DREHOBL, WILLIAM
Address	1942 W COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	DIRECTOR
Name	MATTHEWS, CATHY
Address	1942 W COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE GOODNOUGH

PRESIDENT

02/01/2016

Electronic Signature of Signing Officer/Director Detail_____
Date