

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731888 (4)
1. Corporation Name
RANCHWOOD ESTATES HOMEOWNERS ASSOC. INC



Principal Place of Business
1198 RANCHWOOD DR. E
4230 RANCHWOOD DRIVE
DUNEDIN FL 34698
US

Mailing Address
1319 OVERCASH DR
4230 RANCHWOOD DRIVE
DUNEDIN FL 34698
US

3. Date Incorporated or Qualified 02/18/1975
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 1179 Overcash Dr	59-2371630	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	28 Dunedin FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	29 34698	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Country	30 Pinellas		

9. Name and Address of Current Registered Agent

GUNDEL, ALISON
1319 OVERCASH DR
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
Horink, Tony Gundel, Linda	1796 Hitching Post Ln	1179 Overcash Dr	Dunedin FL	34698

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Linda I. Gundel LINDA I. GUNDEL

DATE 4/21/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KINWORTHY, JOE	
STREET ADDRESS	1198 RANCHWOOD DR. E	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANSLEY, CHRIS	
STREET ADDRESS	1328 OVERCASH DR	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUNDEL, LINDA	
STREET ADDRESS	1179 OVERCASH DR	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GUNDEL, ALISON	
STREET ADDRESS	1319 OVERCASH DR	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORINK, TONY	
STREET ADDRESS	1796 HITCHING POST LN.	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROEDER, CARL	
STREET ADDRESS	1756 HITCHING POST LN	
CITY - ST - ZIP	DUNEDIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15
Horink, Tony	1796 Hitching Post Ln	Dunedin FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	25
Keller, Robert	1318 Overcash Dr	Dunedin FL		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	35
TD	Gundel, Linda	1179 Overcash Dr	Dunedin FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	45
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	55
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	65
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Linda I. Gundel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/21/96
DAYTIME PHONE # 813-736-6397

CR2E037 (12/95)