

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731888** (4)
1. Corporation Name
RANCHWOOD ESTATES HOMEOWNERS ASSOC. INC



Principal Place of Business Mailing Address
1179 OVERCASH DRIVE
1179 OVERCASH DRIVE
DUNEDIN FL 34698
DUNEDIN FL 34698
US
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified **02/18/1975** 3a. Date of Last Report **04/26/1996**
4. FEI Number **59-2371630** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GUNDELL, LINDA
1179 OVERCASH DRIVE
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 **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KINWORTHY, JOE	
STREET ADDRESS	1198 RANCHWOOD DR. E	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HANSLEY, CHRIS	
STREET ADDRESS	1328 OVERCASH DR	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	GUNDEL, LINDA	
STREET ADDRESS	1179 OVERCASH DR	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, ROBERT	
STREET ADDRESS	1318 OVERCASH DRIVE	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORRINK, 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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ed O'Brien	
1.3 STREET ADDRESS	1215 Overcash Dr	
1.4 CITY - ST - ZIP	Dunedin FL 34698	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ron Stahlhut	
2.3 STREET ADDRESS	1207 Overcash Dr	
2.4 CITY - ST - ZIP	Dunedin FL 34698	
3.1 TITLE	↑ Any Whripek	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1211 Stoney Brook Ln	
3.3 STREET ADDRESS	Dunedin FL 34698	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Gundell 3/18/97 913-736-6397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089422

CR2E037 (9/96)