

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733978

FILED
Apr 20, 2009
Secretary of State

Entity Name: SAN RAMON ASSOCIATION, INC.

Current Principal Place of Business:

KEYS CALDWELL INC
1162 INDIAN HILLS RD
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

1162 INDIAN HILL BLVD
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 59-1621120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYS CALDWELL INC
162 INDIAN HILLS BLVD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOOCOCH, DORIS
Address: 624 FLAMINGO DR #112
City-St-Zip: VENICE, FL 34285

Title: SD () Delete
Name: WILLIAMS, BILL
Address: 624 FLAMINGO DRIVE, #107
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: PATKA, JIM
Address: 624 FLAMINGO DR #213
City-St-Zip: VENICE, FL 34285

Title: TD () Delete
Name: COLLINS, GERALD
Address: 624 FLAMINGO DR. #204
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: MCFARLIN, DICK
Address: 624 FLAMINGO DR #108
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORIS BOOCOCH

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date