

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749336

FILED
Jan 29, 2008
Secretary of State

Entity Name: RUTTAN VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

178 BLUE MOON AVE.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

178 BLUE MOON AVE.
LAKE PLACID, FL 33852

New Mailing Address:

P.O. BOX 1916
LAKE PLACID, FL 33862

FEI Number: 59-2070322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYATT, SHELAGH
178 BLUE MOON AVE.
LAKE PLACID, FL 33852 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: P () Delete
Name: ROSS, FRANK E
Address: 186 BLUE MOON AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: V () Delete
Name: BYATT, SHELAGH M
Address: 178 BLUE MOON AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: ZIFF, ALLAN
Address: 8993 N.W. 51 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete
Name: LASNETSKI, BECKY
Address: 511 S.W. 168 AVE
City-St-Zip: FORT LAUDERDALE, FL 33306

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:

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: SHELAGH M BYATT

V

01/29/2008

Electronic Signature of Signing Officer or Director

Date