

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90092 007 \*\*\*\*61.25

<b>DOCUMENT # 749569</b>																													
<b>1. Entity Name</b> RANCH COLONY PROPERTY OWNERS' ASSOCIATION, INC.																													
<b>Principal Place of Business</b> PRIME MGMT GROUP 400 TONEY PENNA DRIVE JUPITER, FL 33458			<b>Mailing Address</b> PRIME MGMT GROUP 400 TONEY PENNA DRIVE JUPITER, FL 33458																										
<b>2. Principal Place of Business - No P.O. Box #</b> Prime Mgmt Group Suite, Apt. #, etc. <i>Suite 200</i> 2074 W. Indiantown Rd.		<b>3. Mailing Address</b> Prime Mgmt Group Suite, Apt. #, etc. 2074 W. Indiantown Rd Suite 200																											
City & State Jupiter, FL		City & State Jupiter FL		01122007 Chg-NP CR2E037 (12/06)																									
Zip 33458		Country USA		4. FEL Number 65-0115243																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
<b>6. Name and Address of Current Registered Agent</b>  CHIN-LENN, NATALIE C PA 2300 PALM BCH LAKES BLVD WEST PALM BEACH, FL 33409			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																									
<b>Make check payable to Florida Department of State</b>																													
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																									
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered</b>																													
<b>SIGNATURE:</b> <i>Sharon Chapple</i>				03-13-07 561-741-0009																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																									