2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# 763073

Entity Name: THE RANCHES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8975 SOUTH FILLY POINT
P.O. BOX 0928
INVERNESS, FL 326510928

New Principal Place of Business:

9099 S THOROUGHBRED PT.
INVERNESS, FL 34452

Current Mailing Address:

8975 SOUTH FILLY POINT
P.O. BOX 0928
INVERNESS, FL 326510928

New Mailing Address:

9099 S THOROUGHBRED PT.
P.O. BOX 0928
INVERNESS, FL 344510928

FEI Number: 59-2244231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMULLEN, DAN E
9099 S THOROUGHBRED DR
INVERNESS, FL 34452 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:	TD	( ) Delete
Name:	KONKOI, PATRICIA	
Address:	4590 E. COLT CT	
City-St-Zip:	INVERNESS, FL 34452	
Title:	PD	( ) Delete
Name:	MCMULLEN, DAN	
Address:	9009 S. THOROUGHBRED PT	
City-St-Zip:	INVERNESS, FL 34452	
Title:	SD	( ) Delete
Name:	MCMULLEN, JOYCE	
Address:	9009 S. THOROUGHBRED PT	
City-St-Zip:	INVERNESS, FL 34452	
Title:	D	( ) Delete
Name:	SANSONE, FRED	
Address:	4703 E STALLION	
City-St-Zip:	INVERNESS, FL 34452	
Title:	VPD	( ) Delete
Name:	KONKOL, VICTOR	
Address:	4590 E. CLOT CT	
City-St-Zip:	INVERNESS, FL 34452	
Title:	D	( ) Delete
Name:	SERRA, EDWARD	
Address:	4649 E. COLT CT.	
City-St-Zip:	INVERNESS, FL 34452	

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:	
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: PATRICIA KONKOL TD 02/06/2009
Electronic Signature of Signing Officer or Director — Date