


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 771189 1. Entity Name FLY-IN RANCHES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2325 82 AVE SW VERO BEACH, FL 32968 US	Mailing Address 2325 82 AVE SW VERO BEACH, FL 32968 US
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2794865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, SUSAN 2425 82ND AVE S.W. VERO BEACH, FL 32968

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IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000856834 03/28/08-80027-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, DARRELL 2325 82ND AVE. S.W. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, SUSAN 2425 82ND AVE. S.W. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNGBLOOD, BOB 2450 84TH AVE S.W. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: *Charles D. Ellis* **3/10/2008** **772-778-0306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #