

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90038 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J78593 (7) 0A

1. Corporation Name

Roebuck Creek Ranch, Inc.

Principal Place of Business 2045 SW Kanner Hwy. Stuart, FL 34997	Mailing Address 2045 SW Kanner Hwy. Stuart, FL 34997
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/1/87

4. FEI Number

59-2820097

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Maynard Brownell
2045 SW Kanner Hwy.
Stuart, FL 34997

81 Name
Ferne Brownell

82 Street Address (P.O. Box Number is Not Acceptable)
2045 SW Kanner Hwy.

83
84 City
Stuart

FL 85 Zip Code
34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ferne Brownell* Ferne Brownell

4/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Brownell, Maynard	
STREET ADDRESS	Old Glenham Road Box 438	
CITY - ST - ZIP	Fishkill, NY 12524	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Burke, Rebecca	
STREET ADDRESS	Old Glenham Road	
CITY - ST - ZIP	Fishkill, NY 12524	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Brownell, Ferne	
STREET ADDRESS	Old Glenham Road Box 438	
CITY - ST - ZIP	Fishkill, NY 12524	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ferne Brownell* Fern Brownell

4/15/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #