


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

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004281 1. Entity Name SOUTH RANCH NP HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 4600 FORBES TRAIL VENICE, FL 34292	Mailing Address 4600 FORBES TRAIL VENICE, FL 34292
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1019224	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRAUB, JOEL 4600 FORBES TRAIL VENICE, FL 34292

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOBLE, TOM 5462 COLONIAL OAKS BLVD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHEMENAUER, JOSEPH 249 CAPRI AVE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD METNICK, DIONE 4250 FORBES TRAIL VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAUB, JOEL 4600 FORBES TRAIL VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/08-80024-006 61.25

**DO NOT WRITE
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:  Joel Traub	Date 1/16/08	Daytime Phone 941-223-2155
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		