

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004281

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** SOUTH RANCH NP HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4600 FORBES TRAIL  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

4600 FORBES TRAIL  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 65-1019224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAUB, JOEL  
4600 FORBES TRAIL  
VENICE, FL 34292 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: PD ( ) Delete  
Name: NOBLE, TOM  
Address: 5462 COLONIAL OAKS BLVD  
City-St-Zip: SARASOTA, FL 34232

Title: DV ( ) Delete  
Name: SCHEMENAUER, JOSEPH  
Address: 249 CAPRI AVE  
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete  
Name: METNICK, DIONE  
Address: 4250 FORBES TRAIL  
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete  
Name: TRAUB, JOEL  
Address: 4600 FORBES TRAIL  
City-St-Zip: VENICE, FL 34292

**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:

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: JOEL TRAUB

TD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date