

2007 NOT-FOR-PROFIT CORPORATION

Apr 27, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N00000004841 04-27-2007 90188 034 ****61.25 RANCH LAKE PLAZA PROPERTY OWNERS ASSOCIATION, INC. 40000 Principal Place of Business Mailing Address 9115 58TH DRIVE E 9115 58TH DRIVE E SUITE A SUITE A BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04182007 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 65-1120061 Applied For City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D'URSO, LARRY J Street Address (P.O. Box Number is Not Acceptable) 9115 58TH DRIVE E SUITE A BRADENTON, FL 34202 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F □ Delete TITLE ☐ Change ☐ Addition D'URSO, JEREMY J NAME NAME STREET ADDRESS 9115 58TH DRIVE E SUITE A STREET ADDRESS BRADENTON, FL 34202 CITY-ST-7IP CITY-ST-ZIP Jechtary PAMELA Fleck 8917 Monar Moop Unit 204 SD TITLE TITLE Addition Delete Change SANDE, AMY NAME NAME 9115 58TH DRIVE E SUITE A STREET ADDRESS STREET ADDRESS Brudenter, H 34202 BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP TITLE VPD TITLE ☐ Delete Change ☐ Addition SANDERS, LINDA K NAME NAME STREET ADDRESS 9115 58TH DRIVE E SUITE A STREET ADDRESS CITY+ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP

FILED

941-753-7851

Daytime Phone #

4-20-01

Pleanlint JAY JULISO

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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND

SIGNATURE: