

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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FILED
Apr 28, 2002 8:00 am
Secretary of State

03-28-2002 90165 025 ****61.25

DOCUMENT # N01000003259
1. Entity Name
RICKENBACKER HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
CLARENCE E. WOODARD
Suite, Apt. #, etc.
1006 BURBANK CT.
City & State
SUN CITY CENTER, FL

3. Mailing Address
P.O. BOX 5904
Suite, Apt. #, etc.
City & State
SUN CITY CENTER, FL

4. FEE Number
59-1628232

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Signature of Registered Agent
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
JAMES P. HINES, JR.
Street Address (P.O. Box Number is Not Acceptable)
315 S. HYDE PARK AVE
City
TAMPA FL Zip Code
33606

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLARENCE E. WOODARD 1006 BURBANK CT. SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT DEWEY BLACKBURN 1007 BURBANK CT. SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARY LOU LEADERS 1914 WARWICK CT SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HELEN M. TODD 1004 WARWICK CT SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELLEN DEMERITT 1006 WARWICK CT SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALLAN AMLEE 1009 WARWICK CT SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Clarence E Woodard* **CLARENCE E. WOODARD** **013-633-2633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime, Paxon #

Attachment
D#N01 0000035259



25385

(50 484) 870700 0000

OFFICERS & DIRECTORS - cont.

10.

DIRECTOR
JANE MEEK
1013 WARWICK CT
SUN CITY CENTER, FL 33573

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