

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000003259</b>					
1. Entity Name <b>RICKENBACKER HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>CLARENCE E WOODARD 1006 BURBANK CT SUN CITY CENTER FL 33573</b>			Mailing Address <b>P.O. BOX 5904 SUN CITY CENTER FL 33571</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>HINES, JAMES P JR. 315 S. HYDE PARK AVENUE TAMPA FL 33606</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
4. FEI Number <b>59-1628232</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WOODARD, CLARENCE E</b>	NAME			
STREET ADDRESS	<b>1006 BURBANK COURT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CLARENCE, HOLMAN</b>	NAME			
STREET ADDRESS	<b>1016 BURBANK CT.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEADERS, MARY L</b>	NAME			
STREET ADDRESS	<b>1014 WARWICK COURT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	CITY-ST-ZIP			
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>TODD, HELEN M</b>	NAME			
STREET ADDRESS	<b>1004 WARWICK COURT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>AMLEE, ALLAN</b>	NAME			
STREET ADDRESS	<b>1009 WARWICK COURT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	CITY-ST-ZIP			
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLACKBURN, DEWEY</b>	NAME			
STREET ADDRESS	<b>1007 BURBANK CT.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	CITY-ST-ZIP			



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1628232** Applied For  Not Applicable

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

City **FL** Zip Code

U00000196647  
01/26/05-80073-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Helen M. Todd, Helen M. Todd 1/19/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone #