

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

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90171 014 \*\*\*\*61.25

DOCUMENT # *NO1000003259*

1. Entity Name

*Rickenbacker Homeowners Association Inc.*  
*P.O. Box 5904*  
*Sun City Center, FL 33571*

**DO NOT WRITE IN THIS SPACE**

*40086013*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Helen M. Todd*

*PO Box 5904*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1004 WARWICK CT*

City & State

City & State

*Sun City Center FL*

*Sun City Center FL*

Zip

Country

Zip

Country

*33573*

*HILLSBOROUGH*

*33571*

*HILLSBOROUGH*

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Dewey Blackburn	1007 Burbank Ct Sun City Center, FL	33573				
V. President	Clarence Holman	1016 Burbank Ct Sun City Center, FL	33573				
Secretary	Alice Romano	1001 Warwick Ct Sun City Center, FL	33573				
Treasurer	Helen M. Todd	1004 Warwick Ct Sun City Center, FL	33573				
Director	Jane Meeh	101 Sola Sun City Center, FL	33573				

**DO NOT WRITE  
IN THIS SPACE**

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: *Helen M. Todd* *Helen M. Todd* *5/2/06* *813-633-8055*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #