

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 023 ****61.25

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1. Entity Name

RICKENBACKER HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

HELEN M TODD
 1004 WARWICK
 SUN CITY CENTER FL 33573

Mailing Address

P.O. BOX 5904
 SUN CITY CENTER FL 33571



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-1628232

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, JAMES P JR.
 315 S. HYDE PARK AVENUE
 TAMPA FL 33606

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WOODARD, CLARENCE E	
STREET ADDRESS	1006 BURBANK COURT	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARENCE, HOLMAN	
STREET ADDRESS	1016 BURBANK CT.	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEADERS, MARY L	
STREET ADDRESS	1014 WARWICK COURT	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	T	<input type="checkbox"/> Delete
NAME	TODD, HELEN M	
STREET ADDRESS	1004 WARWICK COURT	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMLEE, ALLAN	
STREET ADDRESS	1009 WARWICK COURT	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACKBURN, DEWEY	
STREET ADDRESS	1007 BURBANK CT.	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Williamson	
STREET ADDRESS	1010 WARWICK CT	
CITY - ST - ZIP	Sun City Center, FL 33573	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Ciuffa	
STREET ADDRESS	316 GREEN MANOR DR	
CITY - ST - ZIP	Sun City Center, FL 33573	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONA LEONARD	
STREET ADDRESS	1011 BURBANK CT	
CITY - ST - ZIP	Sun City Center, FL 33573	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVERNE HUNTER	
STREET ADDRESS	1065 RICKENBACKER DR	
CITY - ST - ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen M Todd* Helen M. Todd

3/22/07

Date

813-633-8055

Daytime Phone #