

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

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90022 019 ****61.25

DOCUMENT # **NO1000003259**

1. Entity Name

**RICKENBACKER HOMEOWNERS
ASSOCIATION INC**

DO NOT WRITE IN THIS SPACE

40077658

2. Principal Place of Business

Thomas Williamson

Suite, Apt. #, etc.

1010 WARWICK CT

City & State

Sun City Center FL

Zip

33573

Country

FLORIDA

3. Mailing Address

PO Box 5904

Suite, Apt. #, etc.

City & State

Sun City Center FL

Zip

33571

Country

FLORIDA

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4. FEI Number

59-1628232

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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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 (if applicable)

(NOTE: Registered Agent signature required when resubmitting)

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	Thomas Williamson	1010 WARWICK CT	Sun City Center, FL 33573	Director	Leona Leonard	1011 BURBANK CT	Sun City Center, FL 33573
Vice President	CLARENCE Holman	1016 BURBANK CT	Sun City Center, FL 33573				
Secretary	Cheryl Cuitia	316 GREEN MANOR DR	Sun City Center, FL 33573				
Treasurer	Helen M. Todd	1004 WARWICK CT	Sun City Center FL 33573				
Director	Charles Erwin	1013 BURBANK CT	Sun City Center, FL 33573				
Director	Arthur Young	1005 WARWICK CT	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: **Thomas Williamson** Thomas Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #