

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

DOCUMENT # NO 1000003259  
1. Entry Name  
RICKENBACKER Homeowners Association, Inc.

**FILED**  
**11 APR -5 PM 4:30**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>DALE Potter</u> Suite, Apt. #, etc. <u>1012 Burbank Ct.</u> City & State <u>Sun City Center</u> Zip <u>33573</u> Country <u>HILLSBOROUGH</u>		3. Mailing Address <u>PO Box 5904</u> Suite, Apt. #, etc. City & State <u>Sun City Center FL</u> Zip <u>33571</u> Country <u>HILLSBOROUGH</u>	
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
591628232 Applied For  
Not Applicable

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

**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 Hycoc 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 \_\_\_\_\_ DATE \_\_\_\_\_

<b>FEE IS \$61.25 Initial or Amended UBR</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 Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Dale Potter 1012 Burbank Ct Sun City Center, FL 33573</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Lee Koonard 1011 Burbank Ct Sun City Center, FL 33573</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. President Clarence Holman 1016 Burbank Ct Sun City Center, FL 33573</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100200573691 04/05/11--01030--014 **\$61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Carol J Rogers 1910 Burbank Ct Sun City Center, FL 33573</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer Helen M Todd 1004 Warwick Ct Sun City Center, FL 33573</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Charlie Crum 1013 Burbank Ct Sun City Center, FL 33573</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Mary Plummer 1015 Burbank Ct Sun City Center, FL 33573</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>

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 4/01/11  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR