## 1322006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 15, 2006 8:00 am Secretary of State 05-11-2006 90243 039 \*\*\*\*61.25

DOCUMENT # N05000005942	•	

FORE RANCH HOMEOWNERS ASSOCIATION, INC. Mailing Address 14000 REL WEBB BLVD Principal Place of Business 14000 DSL WEBB BLVD SUMMERFIELD, FL 34491 66019024 SUMMERPYELD, FL 34491 2. Principal Place of Business

CU 38th Ave Mailing Address 2870 Scherer Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chg-NP CR2E037 (11/05) 100 4. FEI Number Applied For 861143606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Roy Cotter:11
Street Address (P.O. Box Number is Not Acceptable) PERKINS, RICHARD 14000 DEL WEBB BLVD SUMMERFIELD, FL 34491 Florida 1010 City 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 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE DP NP **☑** Deleta TITLE Richard perkms PERKINS, RICHARD K NAME 1930 SW 38th Ave # 300 14000 DEL WEBB BLVD STREET ADDRESS STREET ADDRESS Ocala, F1 34474 CITY-ST-ZIP SUMMERFIELD, FL 34491 CITY-ST-ZIP JOAN RUGAN , DST 1930 SW 3844 Art. #300 TITLE Detete TITLE ☐ Change Addition CLARK, GREGORY U NAME NAME 14000 DEL WEBB BLVD STREET ADDRESS STREET ADDRESS Ocula, FI 34474 SUMMERFIELD, FL 34491 CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE Addition 🗖 Delete Clark NAME SELEMBA, GLENNA NAME 1930 SW 384 Ave # 600 14000 DEL WE88 BLVD STREET ADDRESS STREET ADDRESS F1 34474 SUMMERFIELD, FL 34491 CITY-ST-ZIP CITY -ST-ZiP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1ITLE ☐ Delete DIEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 given like empowered.

STREET ADDRESS

CITY-ST-ZIP

MALIF

SIGNATURE:	Kelu

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

352) 291-7336