2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000006786

1. Entity Name

THE RANCH AT ORANGE BLOSSOM MASTER ASSOCIATION, INC.



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Principal Place of Business C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928			Mailing Address C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928					15 11): 1 6 11 1 61111 1 68 1	14 48 61 0 41	HELI GU HANI	
Principal P C/O Inte	Place of Busin	ness - No P.O. Box # Property Mgmt.	3. Mailing Address C/O Intergrated Property Mgmt.								
Suite, Apt. #, etc.			Suite, Apt. #, etc. 3435 10th Street N. #201			03182008	Chg-NP	CR2E037 (1	2/06)		
3435 10th Street N. #201 City & State			City & State			4. FEI Number			Ap	plied For	
Naples, FL Zip Country		Naples, FL Zip Countr		entru .	20-51818	82	<u> </u>		t Applicable		
34103 Country		²¹⁵ 34103		y	5. Certificate of	Status Desired		75 Add Required			
	6. Name	and Address of Current I	Registered Agent		Name		idress of New Re				
STACKHOUSE, EDWIN D					C/O Intergrated Property Mgmt.						
9240 ESTE ESTERO,		Stre		ess (P.O. Box Number is Not Acceptable) 3435 10th Street N. #201							
·					City		Naples, FL 34103 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.											
3/w/a											
SIGNATURE Stgmitture, typed or printed nome of registered egent and title if expelicable. (NOTE: Registered Agent sightware required/from reinstating) OATE											
Filing Fee is \$61,25 9. Election Campaign Financing							1				
	CIN C-	i ee4 92	9 Flortion Co.	maaian F	inancina	#F 00	1 Ma	ka chack nov	mbla te		
	_	e is \$61.25 May 1, 2008	9. Election Ca Trust Fund (\$5.00 May Be Added to Fees	1	ke check pay la Departmer			
10.	_		Trust Fund (Added to Fees ADDITIONS/CHAN	Floric	la Departmer	t of St	ate	
MIE	Due by A	May 1, 2008 OFFICERS AND DIR	Trust Fund (Contributi	on.	Added to Fees ADDITIONS/CHAN DP	Floric GES TO OFFICER	la Departmer S AND DIRECT	t of St	ate	
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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 simpther like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

3/22/08

239-495-480Z

FILED

Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90028 018 ****61.25