


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

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

DOCUMENT # N05000006786					
1. Entity Name THE RANCH AT ORANGE BLOSSOM MASTER ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box # C/O Intergrated Property Mgmt.		3. Mailing Address C/O Intergrated Property Mgmt.			
Suite, Apt. #, etc. 3435 10th Street N. #201		Suite, Apt. #, etc. 3435 10th Street N. #201			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-5181882	
Zip 34103		Country		Zip 34103	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928			7. Name and Address of New Registered Agent Name C/O Intergrated Property Mgmt. Street Address (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. SIGNATURE <u>J Murphy</u> <u>3/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, EDWIN D 9240 ESTERO PARK COM BLVD ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCORMICK, RICHARD 9240 ESTERO PARK COM BLVD ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAY, LAURA 9240 ESTERO PARK COM. BLVD ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 another like empowered.					
SIGNATURE: <u>Laura A. Ray</u>		Date <u>3/22/08</u>		Daytime Phone # <u>239-495-4802</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					