2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N06000006381

Entity Name: RANCH ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 510240
PUNTA GORDA, FL 33951

New Principal Place of Business:

110 DANFORTH DRIVE
PORT CHARLOTTE, FL 33980

Current Mailing Address:

PO BOX 510240
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYMANS, MICHAEL P
99 MNESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ANTHONY, DAVID L
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

Title: DST ( ) Delete
Name: ANTHONY, BARBARA E
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

Title: DV ( ) Delete
Name: COX, WILLIAM
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANTHONY, DAVID L
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

Title: STD (X) Change ( ) Addition
Name: ANTHONY, BARBARA E
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

Title: VD (X) Change ( ) Addition
Name: COX, WILLIAM
Address: PO BOX 510240
City-St-Zip: PUNTA GORDA, FL 33951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. ANTHONY PD 04/24/2007

Electronic Signature of Signing Officer or Director — Date