2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N07000005072

Entity Name: THE RANCHSIDE ACRES ASSOCIATION, INC.

Current Principal Place of Business:

2940 MEADOWOOD DR.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

2940 MEADOWOOD DR.
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

2940 MEADOWOOD DR.
NEW PORT RICHEY, FL 34655

New Mailing Address:

2940 MEADOWOOD DR.
NEW PORT RICHEY, FL 34655 US

FEI Number: 26-0847283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWENDEMAN, DARLA
2940 MEADOWOOD DR.
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

SCHWENDEMAN, DARLA L
2940 MEADOWOOD DR.
NEW PORT RICHEY, FL 34655 US

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: DARLA L SCHWENDEMAN 03/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SCHWENDEMAN, DAVID
Address: 2940 MEADOWOOD DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DST ( ) Delete
Name: SCHWENDEMAN, DARLA
Address: 2940 MEADOWOOD DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DV ( ) Delete
Name: SCHWENDEMAN, JESSANUEL
Address: 9401 MANGO ST.
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DARLA L SCHWENDEMAN DST 03/13/2008
Electronic Signature of Signing Officer or Director Date