


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90140 045 ****61.25

DOCUMENT # N09802			
1. Entity Name RUXTON VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY FL 34668 US		Mailing Address 10730 US 19 SUITE 17 PORT RICHEY FL 34668 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2722573		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT INC 10730 US 19 SUITE 17 PORT RICHEY FL 34668		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PAGULA, ANTHONY		NAME Hassigan, Nancy	
STREET ADDRESS 40797 MILL RIVER DRIVE		STREET ADDRESS 7707 Rockville Court	
CITY-ST-ZIP NEW PORT RICHEY FL		CITY-ST-ZIP New Port Richey, FL	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOPSTADTER, CLAIRE		NAME	
STREET ADDRESS 7638 ROCKVILLE COURT		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34654		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, JOAN Y		NAME	
STREET ADDRESS 7700 ROCKVILLE COURT		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, BUD		NAME	
STREET ADDRESS 7638 WINGFOOT CRT		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAVEN, TED		NAME	
STREET ADDRESS 7638 WINGFOOT CRT		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 other like empowered.

SIGNATURE: *Nancy Hassigan* **4.4.05 (727) 847-8322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #