


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N09802 1. Entity Name RUXTON VILLAGE HOMEOWNERS ASSOCIATION, INC.						FILED 2007 APR 20 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 - No P.O. Box # 40347 US 19 NORTH Suite, Apt. #, etc. SUITE 201				3. Mailing Address P.O. Box 695 Suite, Apt. #, etc.			
City & State TARPON SPRINGS				City & State TARPON SPRINGS			
Zip 34689		Country FLORIDA		Zip 34689		Country FLORIDA	
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 LET PROPERTY MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N - SUITE 201 City TARPON SPRINGS			
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><i>Gene Karagunis</i></u> 4-19-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD HASSIGAN, NANCY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	7707 ROCKVILLE CRT		NAME				
STREET ADDRESS	NEW PORT RICHEY, FL		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	34/28/07 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOPPSTADTER, 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"/> 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 checked="" type="checkbox"/> Delete	TITLE	WP SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	JOHNSON, BUD		NAME	PERVEINER, ROBERT			
STREET ADDRESS	7638 WINGFOOT CRT		STREET ADDRESS	10707 MILL RIVER DRIVE			
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	BRITTAIN, JOANNE			
STREET ADDRESS			STREET ADDRESS	7703 ROCKVILLE CT			
CITY-ST-ZIP			CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			
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 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 all other like empowered.							
SIGNATURE: <u><i>Nancy Hassigan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/18/07 727-942-4755 <small>Date Daytime Phone #</small>			