

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90031 026 \*\*\*\*61.25

**DOCUMENT # N09802**

1. Entity Name  
**RUXTON VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**40347 US 19 NORTH  
SUITE 201  
TARPON SPRINGS, FL 34689 US**

Mailing Address  
**P.O. BOX 695  
TARPON SPRINGS, FL 34689**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2722573**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**I & J PROPERTY MANAGEMENT, INC.  
40347 US 19 NORTH  
SUITE 201  
TARPON SPRINGS, FL 34689**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HASSIGAN, NANCY ☒ Delete  
STREET ADDRESS 7707 ROCKVILLE CRT  
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE D  
NAME HOPPSTADTER, CLAIRE ☒ Delete  
STREET ADDRESS 7638 ROCKVILLE COURT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE D  
NAME CAMPBELL, JOAN Y ☐ Delete  
STREET ADDRESS 7700 ROCKVILLE COURT  
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE VSD  
NAME PERVILER, ROBERT ☐ Delete  
STREET ADDRESS 10707 MILL RIVER DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE TD  
NAME BRITTAIN, JOANNE ☒ Delete  
STREET ADDRESS 7703 ROCKVILLE CT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition  
NAME Johnson, BUD  
STREET ADDRESS 7638 Wingfoot Ct  
CITY-ST-ZIP New Port Richey FL 34654

TITLE Sec. ☐ Change ☒ Addition  
NAME Schweitzer, MaryAnn  
STREET ADDRESS 10718 Fiddlesticks Ct.  
CITY-ST-ZIP New Port Richey FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRGAS  
NAME MCGOWAN, WILLIAM ☐ Change ☒ Addition  
STREET ADDRESS 7702 Rockville Ct.  
CITY-ST-ZIP New Port Richey FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Grene Karagiamis - Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08 727-942-4255  
Date Daytime Phone #