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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90030 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14999			
1. Corporation Name <b>RANCHLANDS HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business 250 E. PANAMA ROAD WINTER SPRINGS FL 32708-3516 US		Mailing Address 250 E. PANAMA ROAD WINTER SPRINGS FL 32708-3516 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 32708-3516	
9. Name and Address of Current Registered Agent FERNANDEZ, WILLIAM W SR 250 PANAMA RD EAST WINER SPRINGS FL 32708-3516		3. Date Incorporated or Qualified 05/20/1986 4. FEI Number 59-2797077 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME FERNANDEZ, WILLIAM W SR STREET ADDRESS 250 E PANAMA ROAD CITY-ST-ZIP WINTER SPRINGS FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE TD NAME BOWMAN, KATHLEEN STREET ADDRESS 400 HAYES ROAD CITY-ST-ZIP WINTER SPRINGS FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SD NAME VIVIAN, DIANE STREET ADDRESS 270 E BAHAMA ROAD CITY-ST-ZIP WINTER SPRINGS FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE VD NAME STEPHENS, CARL E JR STREET ADDRESS 700 FISHER ROAD CITY-ST-ZIP WINTER SPRINGS FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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; that the officer or trustee authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on appointment with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/98)