

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15285

FILED
Jan 06, 2004
Secretary of State

Entity Name: ARBUCKLE BRANCH RANCHETTES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

212 INTERLAKE BOULEVARD
C/O BERT J. HARRIS, III
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

3601 S. HIGHLAND AVE.
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEIBER, SHARON
3601 S. HIGHLAND AVE.
SEBRING, FL 33852 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEIBER, H. FREDERICK,
Address: 3601 S. HIGHLANDS AVE.
City-St-Zip: SEBRING, FL

Title: STD () Delete
Name: KEIBER, SHARON,
Address: 3601 S. HIGHLANDS AVE.
City-St-Zip: SEBRING, FL

Title: D () Delete
Name: HARRIS, BERT J.,III,
Address: 212 INTERLAKE BLVD.
City-St-Zip: LAKE PLACID, FL

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 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 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: SHARON KEIBER

D

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date