2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15285

FILED Aug 09, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

212 INTERLAKE BOULEVARD C/0 BERT J. HARRIS, III LAKE PLACID, FL 33852

268 ARBUCKLE BRANCH RD

SEBRING, FL 33870

Current Mailing Address:

New Mailing Address:

268 ARBUCKLE BRANCH RD SEBRING, FL 33870

SEBRING, FL 33870

3601 S. HIGHLAND AVE

FFI Number:

KEIBER, SHARON

3601 S. HIGHLAND AVE SEBRING, FL 33852

FEI Number Not Applicable (X)

Certificate of Status Desired ()

FEI Number Applied For () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAROL NEGRON ARBUCKLE BRANCH RANCHETTES HOMEOWNERS ASSO

268 ARBUCKLE BRANCH RD SEBRING, FL 33870

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: CAROL NEGRON

08/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete KEIBER, H. FREDERICK, Name:

3601 S. HIGHLANDS AVE. Address:

City-St-Zip: SEBRING, FL

Title: STD () Delete KEIBER, SHARON, Name: Address: 3601 S. HIGHLANDS AVE.

City-St-Zip: SEBRING, FL

Title: () Delete HARRIS, BERT J., III, Name: 212 INTERLAKE BLVD. Address:

Title: () Delete

LAKE PLACID, FL

Name: Address: City-St-Zip:

City-St-Zip:

(X) Change () Addition

NEGRON, CAROL Name:

Address: 268 ARBUCKLE BRANCH RD

City-St-Zip: SEBRING, FL 33870

Title: (X) Change () Addition

Name: SPENCER, DENNIS Address: 930 ARBUCKLE BRANCH RD City-St-Zip: SEBRING, FL 33870

Title: SECT (X) Change () Addition

LOVETT, LORI Name:

1150 ARBUCKLE BRANCH RD Address:

City-St-Zip: SEBRING, FL 33870

Title: **TRES** () Change (X) Addition

Name: ALFONSO, MIRIAM

14721 ARBUCKLE CREEK RD Address:

City-St-Zip: SEBRING, FL 33870

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: CAROL NEGRON **PRES** 08/09/2005