

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N18532

1. Entity Name
**FLORAL PARK, RANCH ESTATES & PONDEROSA
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
**5616 41ST STREET
VERO BEACH, FL 32967**

Mailing Address
**5616 41ST STREET
VERO BEACH, FL 32967**



03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2782414

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIPSON, GODFREY
4136 57TH CT
VERO BEACH, FL 32967**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

03-16-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000865526
04/07/08-80032-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKINNEY, MARY B.
STREET ADDRESS	5616 41ST STREET
CITY-ST-ZIP	VERO BEACH, FL
TITLE	D
NAME	GIPSON, GODFREY
STREET ADDRESS	4136 57TH COURT
CITY-ST-ZIP	VERO BEACH, FL
TITLE	D
NAME	BROWN, MARGARET
STREET ADDRESS	4115 57TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	GIPSON, ROSA
STREET ADDRESS	4155 57 ST.
CITY-ST-ZIP	VERO BEACH, FL
TITLE	D
NAME	BARRINER, CHRISTINE
STREET ADDRESS	4140 58 AV
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	WILSON, LEONARD, A
STREET ADDRESS	4205-57TH CT.
CITY-ST-ZIP	VERO BCH., FL

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IN THIS SPACE**

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 applicable.

SIGNATURE: *Mary B. McKinney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-08
Date

772-562-3941
Daytime Phone #