2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N22674

1. Entity Name
RIO RANCHES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O THOMAS F. MARTIN 5120 S.W. 114 WAY FT. LAUDERDALE, FL 33330	C/O THOMAS F. MARTIN 5120 S.W. 114 WAY FT. LAUDERDALE, FL 33330

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04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0213205
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, THOMAS F
5120 S.W. 114 WAY
FT. LAUDERDALE, FL 33330

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001107387
04/09/04-80013-010 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	SKLAR, HILLARY N
STREET ADDRESS	11321 S.W. 49 PLACE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33330
TITLE	SD
NAME	SURECK, DOLORES
STREET ADDRESS	11211 SW 49 PLACE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	TD
NAME	MARTIN, THOMAS F
STREET ADDRESS	5120 S.W. 114 WAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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.

954-434-4565

SIGNATURE: THOMAS F. MARTIN TREASURER ATTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #