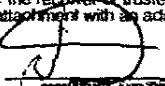


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N22674</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                                  |
| 1. Entity Name<br>RIO RANCHES HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                   |
| Principal Place of Business<br>C/O THOMAS F. MARTIN<br>5120 S.W. 114 WAY<br>FT. LAUDERDALE, FL 33330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mailing Address<br>C/O THOMAS F. MARTIN<br>5120 S.W. 114 WAY<br>FT. LAUDERDALE, FL 33330 |                                                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>MARTIN, THOMAS F<br>5120 S.W. 114 WAY<br>FT. LAUDERDALE, FL 33330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                             |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req. Fee when resigning.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                   |
| Filing Fee is \$61.25<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | 11000000107387<br>04/09/04-80013-010 61.25                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD<br>SKLAR, HILLARY N<br>11321 S.W. 49 PLACE<br>FT. LAUDERDALE, FL 33330                | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SD<br>SURECK, DOLORES<br>11211 SW 49 PLACE<br>FT. LAUDERDALE, FL                         |                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TD<br>MARTIN, THOMAS F<br>5120 S.W. 114 WAY<br>FT. LAUDERDALE, FL 33330                  |                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                                                   |
| 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. |                                                                                          |                                                                                                                   |
| SIGNATURE:  THOMAS F. MARTIN TREASURER 1704                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | 95A-434-4565                                                                                                      |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #