


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N22674 1. Entity Name RIO RANCHES HOMEOWNERS ASSOCIATION, INC. |  |
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|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business C/O THOMAS F. MARTIN 5120 S.W. 114 WAY FT. LAUDERDALE, FL 33330 | Mailing Address C/O THOMAS F. MARTIN 5120 S.W. 114 WAY FT. LAUDERDALE, FL 33330 |
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01132005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0213205 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARTIN, THOMAS F 5120 S.W. 114 WAY FT. LAUDERDALE, FL 33330 |
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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 _____ 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, 2005**

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

000000215460
02/05/05-80009-023 61.25

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

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: TREXLER 2, 2005 954-034-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #