

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90203 008 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # N29983**

1. Entity Name  
**RANGE LINE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business 150 N GRAVES RD PO BOX 2667 FT PIERCE, FL 34954 US	Mailing Address 150 N GRAVES RD PO BOX 2667 FT PIERCE, FL 34954 US
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50052693



2. Principal Place of Business <b>4310 77th Street</b>	3. Mailing Address <b>4310 77th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05032005 Chg-NP CR2E037 (10/03)

City & State <b>WABASSO FL</b>	City & State <b>WABASSO FL</b>
Zip <b>32970</b>	Country <b>INDIAN RIVER</b>
Zip <b>32970</b>	Country <b>INDIAN RIVER</b>

4. FEI Number 59-2948709	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  EAKIN, BILL 150 N GRAVES RD PO BOX 2667 FT PIERCE, FL 34945	7. Name and Address of New Registered Agent Name <b>KENNETH P. KENNEDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4310 77th Street</b> City <b>WABASSO</b> FL Zip Code <b>32970</b>
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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 \_\_\_\_\_ **5/3/05**  
Signature, typed or printed name of registered agent and title: **KENNETH P. KENNEDY** (NOTE: Registered Agent must sign when transacting) DATE

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD SCHIRARD, BRANT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	150 N GRAVES RD PO BOX 2667			NAME			
CITY-ST-ZIP	FT PIERCE, FL 34954			STREET ADDRESS			
				CITY-ST-ZIP			
TITLE	VD GONZALEZ, RICHARD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	260 W PINELOCH STREET			NAME			
CITY-ST-ZIP	ORLANDO, FL 32806			STREET ADDRESS			
				CITY-ST-ZIP			
TITLE	D SCHIRARD, BRANTLEY	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	150 N GRAVES RD PO BOX 2667			NAME			
CITY-ST-ZIP	FT PIERCE, FL 34954			STREET ADDRESS			
				CITY-ST-ZIP			
TITLE	ST EAKIN, BILL	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	150 N GRAVES RD PO BOX 2667			NAME			
CITY-ST-ZIP	FT PIERCE, FL 34954			STREET ADDRESS			
				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>THOMAS P. KENNEDY</b>		
STREET ADDRESS				STREET ADDRESS	<b>4310 77th Street</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>WABASSO FL 32970</b>		
TITLE		<input type="checkbox"/> Delete		TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>KENNETH A. KENNEDY</b>		
STREET ADDRESS				STREET ADDRESS	<b>4310 77th Street</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>WABASSO FL 32970</b>		

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: \_\_\_\_\_ **5/3/05 772-589-4387**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR: **KENNETH P. KENNEDY** Date Daytime Phone #