


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

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N31290 1. Entity Name PARK VILLAGE HOMEOWNERS ASSOCIATION OF RUSKIN, INC.	
--	---

Principal Place of Business 2035 PARK VILLAGE DR RUSKIN, FL 33570	Mailing Address 2035 PARK VILLAGE DR RUSKIN, FL 33570
---	---

DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2936256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, EMMA L 2035 PARK VILLAGE DR RUSKIN, FL 33570	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, GREGORY B 2029 PARK VILLAGE DR RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, ROBERT 2028 PARK VILLAGE DR RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VASQUEZ, LAURA 2036 PARK VILLAGE DR RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, EMMA L 2035 PARK VILLAGE DR RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASMUSSEN, PHILIP 2004 PARK VILLAGE DR RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELISLE, AL 2018 PARK VILLAGE DR RUSKIN, FL 33570

U00000842605
03/11/08-80037-020 61.25

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emma L. Roberts 2/20/08 813-967-2314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____
Emma L. Roberts - Pres/Dir