


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47357</b> 1. Entity Name LAKE RUBYWOOD HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 550 E DAVIDSON ST BARTOW, FL 33830 US	Mailing Address P.O. BOX 148 BARTOW, FL 33831 US
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01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3107873	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  WRIGHT, STEVEN 550 E DAVIDSON ST BARTOW, FL 33830
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**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SATERBO, STEPHEN 108 CAMPBELL DR WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SATERBO, CYNTHIA 108 CAMPBELL DR WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WRIGHT, CHERI 106 CAMPBELL DR WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WRIGHT, STEVEN 106 CAMPBELL DR WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000015544  
04/19/05-80040-004 61.25

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN R. WRIGHT

4/15/05 863-533-7191