

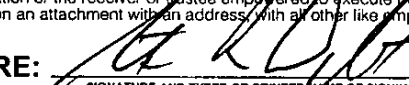


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90142 047 ****61.25

DOCUMENT # N47357 1. Entity Name LAKE RUBYWOOD HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 550 E DAVIDSON ST BARTOW, FL 33830 US		Mailing Address P.O. BOX 148 BARTOW, FL 33831 US	
2. Principal Place of Business 154 Avenue H SE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7249 Suite, Apt. #, etc.	
City & State Suite 1 Winter Haven, FL		City & State Winter Haven, FL	
Zip 33880		Zip 33883-7249	
Country USA		Country USA	
6. Name and Address of Current Registered Agent WRIGHT, STEVEN 550 E DAVIDSON ST BARTOW, FL 33830		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 154 Avenue H SE Suite 1 City Winter Haven	
State FL		Zip Code 33880	
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 3/27/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SATERBO, STEPHEN 108 CAMPBELL DR WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SATERBO, CYNTHIA 108 CAMPBELL DR WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, CHERI 106 CAMPBELL DR WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, STEVEN 106 CAMPBELL DR WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 3/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	