2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005
Secretary of State

DOCUMENT# N50888

Entity Name: RANKEN DRIVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

221 N CAUSEWAY
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

Current Mailing Address:

221 N CAUSEWAY
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-3144634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEGRAMMONT, CYNTHIA
213 RANKEN DR.
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DEGRAMMONT, CYNTHIA
Address: 213 RANKEN DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: DVP ( ) Delete
Name: WISNIEWSKI, THADDEUS
Address: 2331 SWORDFISH LANE
City-St-Zip: EDGEWATER, FL 32141

Title: DST ( ) Delete
Name: MCDUFFIE, DEANNA
Address: 210 RANKEN DRIVE
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: FARMER, SABRINA
Address: 209 RANKEN DRIVE
City-St-Zip: EDGEWATER, FL 32141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA FARMER DST 05/17/2005

Electronic Signature of Signing Officer or Director — Date