

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50888

FILED  
Jan 18, 2008  
Secretary of State

**Entity Name:** RANKEN DRIVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

415 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

210 RANKEN DRIVE  
EDGEWATER, FL 32141

**Current Mailing Address:**

415 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

210 RANKEN DRIVE  
EDGEWATER, FL 32141

**FEI Number:** 59-3144634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDUFFIE, DEANNA  
210 RANKEN DR.  
EDGEWATER, FL 32141 US

**Name and Address of New Registered Agent:**

MCDUFFIE, DEANNA  
210 RANKEN DRIVE  
EDGEWATER, FL 32141 US

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:

01/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DVP ( ) Delete  
Name: MCLEOD, MARTHA  
Address: 215 RANKEN DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: DST ( ) Delete  
Name: FARMER, SABRINA  
Address: 209 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEANNA L MCDUFFIE

PRES

01/18/2008

Electronic Signature of Signing Officer or Director

Date