


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90001 029 ****61.25

| | | | | | |
|---|---------|-----|--|---|--|
| DOCUMENT # N94000000256 | | | |  | |
| 1. Entity Name RUXTON VILLAGE II HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 40347 US 19 NORTH STE 201 TARPON SPRINGS FL 34689 | | | Mailing Address PO BOX 695 TARPON SPRINGS FL 34689 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3232124 | |
| | | | | 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 KARAGIAN, IRENE 40347 US 19 NORTH STE 201 TARPON SPRINGS FL 34689 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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) | | | | | |

1st MOORE CR2E037 (10/06)



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|--|--------------------------|---|----------------|---|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | STODDARD, DONALD | | NAME | | | | |
| STREET ADDRESS | 7619 TOLAR DR | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | | CITY-ST-ZIP | | | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | STREETER, SHIRLEY | | NAME | | | | |
| STREET ADDRESS | 7645 UPTON CT | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | GARNEAU, RICHARD | | NAME | | | | |
| STREET ADDRESS | 7532 ROLAND COURT | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | POPILLO, JOSEPH | | NAME | | | | |
| STREET ADDRESS | 7529 ROY CT | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | | CITY-ST-ZIP | | | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MCCLAIN, EILEEN | | NAME | | | | |
| STREET ADDRESS | 10643 MILLRIVER DR | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eileen McClain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 727-815-9775

Date Daytime Phone #