

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000256

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** RUXTON VILLAGE II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

40347 US 19 NORTH  
STE 201  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 695  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 59-3232124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARAGIANS, IRENE  
40347 US 19 NORTH  
STE 201  
TARPON SPRINGS, FL 34689 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: VP ( ) Delete  
Name: GARNEAU, RICHARD  
Address: 7532 ROLAND COURT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Delete  
Name: POPILLO, JOSEPH  
Address: 7529 ROY CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD ( ) Delete  
Name: MCCLAIN, EILEEN  
Address: 10643 MILLRIVER DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S ( ) Delete  
Name: DIERKING, BEVERLY  
Address: 7633 UPTON CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete  
Name: HOEY, DONNA  
Address: 7612 TOLAR DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

**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:

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: EILEEN MCCLAIN

PRES

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date