2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N94000000256

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Entity Name: RUXTON VILLAGE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

40347 US 19 NORTH 24701 US HIGHWAY 19 N #102 STE 201 CLEARWATER, FL 33763

TARPON SPRINGS, FL 34689

in the State of Florida.

Current Mailing Address: New Mailing Address:

PO BOX 695 PO BOX 14357

TARPON SPRINGS, FL 34689 CLEARWATER, FL 33766

FEI Number: 59-3232124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KARAGIANS, IRENE
40347 US 19 NORTH
STE 201
TARPON SPRINGS, FL 34689 US

AMERI-TECH REALTY, INC.
24701 US HIGHWAY 19 N #102
CLEARWATER, FL 33763 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: MICHAEL G PEREZ, PRESIDENT 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP () Delete Title: VPD (X) Change () Addition

Name:GARNEAU, RICHARDName:GARNEAU, RICHARDAddress:7532 ROLAND COURTAddress:7532 ROLAND COURT

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD () Delete Title: () Change () Addition Name: MCCLAIN, EILEEN Name:

Address: 10643 MILLRIVER DR Address:
City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip:

Title: S () Delete Title: SD (X) Change () Addition Name: DIERKING, BEVERLY Name: DIERKING, BEVERLY

Address: 7633 UPTON CT Address: 7633 UPTON CT

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T () Delete Title: TD (X) Change () Addition

 Name:
 HOEY, DONNA
 Name:
 HOEY, DONNA

 Address:
 7612 TOLAR DR
 Address:
 7612 TOLAR DR

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654

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 PD 04/30/2009