

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 16 1998 8:00am  
Secretary of State

DOCUMENT # N95000005432 (8)

1. Corporation Name

RANCHERO VILLAGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7100 ULMERTON ROAD  
BOX 397  
LARGO FL 33771  
US

7100 ULMERTON ROAD  
BOX 397  
LARGO FL 33771

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

59-2594484

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

Zip

Country

29

30

33771

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEEVAN, RONALD P  
RONALD P. TEEVAN, P.A.  
200 N. GARDEN AVENUE #A  
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME MURRAY, JOAN  
STREET ADDRESS 7100 ULMERTON RD LOT 2065  
CITY-ST-ZIP LARGO FL

TITLE V ☒ DELETE

NAME HARDMAN, DICK  
STREET ADDRESS 1700 ULMERTON #419  
CITY-ST-ZIP LARGO FL

TITLE S ☒ DELETE

NAME MEISTER, BERNICE  
STREET ADDRESS 7100 ULMERTON #278  
CITY-ST-ZIP LARGO FL

TITLE T ☐ DELETE

NAME LACROIX, MARY  
STREET ADDRESS 7100 ULMERTON #2167  
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE

NAME EDWARDS, DOYLE  
STREET ADDRESS 7100 ULMERTON ROAD LOT 2114  
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE

NAME SIX, ETHEL  
STREET ADDRESS 7100 ULMERTON RD #433  
CITY-ST-ZIP LARGO FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME WHITTAKER, DON  
1.3 STREET ADDRESS 7100 ULMERTON # 1011  
1.4 CITY-ST-ZIP LARGO, FL. 33771

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME EDWARDS, DOYLE  
2.3 STREET ADDRESS 7100 ULMERTON #2114  
2.4 CITY-ST-ZIP LARGO, FL. 33771

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME DEMBACK, LEE  
3.3 STREET ADDRESS 7100 ULMERTON # 604  
3.4 CITY-ST-ZIP LARGO, FL. 33771

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME MURRAY, JOAN  
4.3 STREET ADDRESS 7100 ULMERTON # 2065  
4.4 CITY-ST-ZIP LARGO, FL. 33771

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME SMYTH, RON  
5.3 STREET ADDRESS 7100 ULMERTON # 814  
5.4 CITY-ST-ZIP LARGO, FL. 33771

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARY M. LACROIX

7/13/98

727-639-1479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)