

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90268 014 ****61.25

DOCUMENT # N95000005432

1. Entity Name

RANCHERO VILLAGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**7100 ULMERTON ROAD
BOX 397
LARGO FL 33771
US**

Mailing Address

**7100 ULMERTON ROAD
BOX 397
LARGO FL 33771
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2594484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	P	<input checked="" type="checkbox"/> Delete
NAME	DOOLEY, LOWELL K	
STREET ADDRESS	7100 ULMERTON RD. #2048	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DONALD	
STREET ADDRESS	7100 ULMERTON RD., #1016	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, JOAN	
STREET ADDRESS	7100 ULMERTON RD. #2065	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURTIS, ANN K	
STREET ADDRESS	7100 ULMERTON RD #809	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAUVEL, RODGER	
STREET ADDRESS	7100 ULMERTON RD. #1309	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POST, DONALD	
STREET ADDRESS	7100 ULMERTON #2193	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFMANN, MARVIN	
STREET ADDRESS	7100 ULMERTON RD. #2163	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUENTHER, NELSON	
STREET ADDRESS	7100 ULMERTON RD. #634	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHLOW, ANNE	
STREET ADDRESS	7100 ULMERTON ROAD #1038	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINDTANTE, DOROTHEA	
STREET ADDRESS	7100 ULMERTON RD. #2076	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSIL, mimi	
STREET ADDRESS	7100 ULMERTON RD. #177	
CITY-ST-ZIP	LARGO, FL 33771	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Anne Marshlow* **ANNE MARSHLOW**

4/12/05

727-531-3253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #