

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90182 021 ****61.25

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|---|---|--|---|--|---|
| 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 <i>SAME AS ABOVE</i> | | 3. Mailing Address <i>SAME AS ABOVE</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03182006 Chg-NP CR2E037 (11/05) | |
| City & State | | City & State | | 4. FEI Number 59-2594484 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TEEVAN, RONALD P RONALD P. TEEVAN, P.A. 200 N. GARDEN AVENUE #A CLEARWATER, FL 34615 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P KAUFMANN, MARVIN 7100 ULMERTON RD #2163 LARGO, FL 33771 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRED LAMBERT I 7100 ULMERTON RD. #617 LARGO, FL 33771 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GUENTHER, NELSON 7100 ULMERTON RD #634 LARGO, FL 33771 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PAUL ST. HILAIRE 7100 ULMERTON RD. #627 LARGO, FL 33771 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARSHLOW, ANNE 7100 ULMERTON RD #1038 LARGO, FL 33771 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARGARET MARSHALL 7100 ULMERTON RD. #2005 LARGO, FL 33771 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KURTIS, ANN K 7100 ULMERTON RD #809 LARGO, FL 33771 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVE GRUBER 7100 ULMERTON RD. #618 LARGO, FL 33771 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MONTANTE, DOROTHEA 7100 ULMERTON RD #2078 LARGO, FL 33771 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PATRICIA TOMPKINS 7100 ULMERTON RD. #1018 LARGO, FL 33771 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUSIL, MIMI 7100 ULMERTON RD #177 LARGO, FL 33771 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOMER GILES 7100 ULMERTON RD. #1013 LARGO, FL 33771 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Anne Marshlow</i> | | | 3/25/06 727-531-3253 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |