2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005432

FILED Mar 22, 2009 Secretary of State

Entity Name: RANCHERO VILLAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ERTON ROAD					
#1013 LARGO, FI	L 33771 US					
Current Mailing Address:			New Maili	New Mailing Address:		
	ERTON ROAD					
#1013 LARGO, FI	L 33771 US					
FEI Number:	: 59-2594484	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of Cui	rrent Registered Agent:	Name and	Address of	New Registered Agent:	
RONALD F 200 N. GAI	RONALD P P. TEEVAN, P.A. RDEN AVENUE ATER, FL 34615					
	named entity sul e of Florida.	omits this statement for the p	urpose of changing i	ts registered	l office or registered agent, or both,	
SIGNATUF	RE:					
	Electronic	Signature of Registered Age	nt		Date	
OFFICERS	S AND DIRECTO	DRS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Do GILES, HOMER 7100 ULMERTON LARGO, FL 3377	RD #1013	Title: Name: Address: City-St-Zip:	RIGGS, JIM	(X) Change()Addition RTON RD #174 33771	
Title: Name: Address: City-St-Zip:	VP () DO RIGGS, JIM 7100 ULMERTON LARGO, FL 3377	RD #174	Title: Name: Address: City-St-Zip:	CAVALIERE,	RTON RD #365	
Title: Name: Address: City-St-Zip:	T () DO MARSHLOW, ANN 7100 ULMERTON LARGO, FL 3377	IE RD #1038	Title: Name: Address: City-St-Zip:	MUMPOWER	RTON RD #1011	
Title: Name: Address: City-St-Zip:	D () DO MUMPOWER, HAI 7100 ULMERTON LARGO, FL 3377	RRY RD #1011	Title: Name: Address: City-St-Zip:	GILES, HOM	RTON RD #1013	
Title: Name: Address: City-St-Zip:	S () DO TOMPKINS, PATR 7100 ULMERTON LARGO, FL 3377	ICIA RD 1018	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Do RADER, ELAINE 7100 ULMERTON LARGO, FL 3377	RD #2128	Title: Name: Address: City-St-Zip:		()Change ()Addition	

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: HOMER GILES D 03/22/2009