

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004689

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** REAGAN'S RUN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O 11933 KATHLEEN COURT  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120173  
CLERMONT, FL 34712 US

**New Mailing Address:**

**FEI Number:** 59-3445811      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BURK, GARY PRES  
11933 KATHLEEN COURT  
CLERMONT, FL 34711 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURK, GARY  
Address: 11933 KATHLEEN COURT  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: SPANGLER, MICHAEL  
Address: 12026 KATHLEEN COURT  
City-St-Zip: CLERMONT, FL 34711

Title: TS  
Name: BURK, DORIS  
Address: 11933 KATHLEEN COURT  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: RACETTE, DONNA  
Address: 10412 REAGANS RUN DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: SHOTSBERGER, RENA  
Address: 12010 KATHLEEN COURT  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: DORIS BURK

S

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date