2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2006 8:00 am Secretary of State DOCUMENT # N97000005436 03-28-2006 90123 045 ****61.25 1. Entity Name RUBY LAKE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 3361 W. VINE STREET 3361 W. VINE STREET SUITE 208 SUITE 208 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062006 Chg-NP CR2E037 (11/05) City & State City & State FEI Number 59-3477549 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA ASSOCIATION-MANAGEMENT-INC 3361 W VINE ST STE 208 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34741 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 SIGNATURE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to \Box Due by May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE D Delete TITLE NAME GILMORE, JACKIE NAME STREET ADDRESS 119 RUBY LAKE DR STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 🏄 Addition NAME NOBLE, WILLIAM NAME 345 RUBY LAKE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE /ZNoclete TITLE ☐ Change ☐ Addition VANDERPOOL, LEONARD NAME NAME 411 RUBY LAKE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP / Delete TILE D'ANGELO, MARA NAME NAME STREET ADDRESS 431 RUBY LAKE PLACE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition BEACH, JOHN NAME NAME STREET ADDRESS 297 RUBY LAKE LANE STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with the filling 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 the and accorder 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 atjachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

LAGRANDE, STEVE

405 RUBY LAKE PLACE

WINTER HAVEN, FL 33884

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TY

FILED