

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90063 036 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # N97000005436 1. Entity Name RUBY LAKE HOMEOWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 3361 W. VINE STREET SUITE 208 KISSIMMEE, FL 34741 | | Mailing Address 3361 W. VINE STREET SUITE 208 KISSIMMEE, FL 34741 | |
| 2. Principal Place of Business - No P.O. Box # 102 Park Place Blvd Suite, Apt. #, etc. Suite D-2 City & State Kissimmee, FL Zip 34741 Country Osceola | | 3. Mailing Address 102 Park Place Blvd Suite, Apt. #, etc. Suite D-2 City & State Kissimmee, FL Zip 34741 Country Osceola | |
| 6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT INC 3361 W VINE ST STE 208 KISSIMMEE, FL 34741 | | 7. Name and Address of New Registered Agent Name Florida Association Management Street Address (P.O. Box Number is Not Acceptable) 102 Park Place Blvd, Ste D-2 City Kissimmee FL Zip Code 34741 | |
| 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 <u>Dallie Boyd, agent</u> DATE <u>3/18/08</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | TD COMBEE, DON 289 RUBY LAKE LN WINTER HAVEN, FL 33884 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JACKSON, KERRY 254 RUBY LAKE LN WINTER HAVEN, FL 33884 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, KEITH 259 RUBY LAKE LN WINTER HAVEN, FL 33884 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAGRANDE, STEVE 405 RUBY LAKE LOOP WINTER HAVEN, FL 33884 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLAKELY, MARY ANN 457 RUBY LAKE LOOP WINTER HAVEN, FL 33884 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>3/18/08</u> Daytime Phone # <u>407-483-1301</u> | |

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01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3477549
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required