2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N97000005436

Entity Name: RUBY LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

102 PARK PLACE BLVD
SUITE D-2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

102 PARK PLACE BLVD
SUITE D-2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3477549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION MANAGEMENT INC
C/O DOLLIE BOYD
102 PARK PLACE BLVD, STE D-2
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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: TD ( ) Delete
Name: COMBEE, DON
Address: 289 RUBY LAKE LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: MOSTELL, STEPHEN
Address: 332 RUBY LAKE LOOP
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD ( ) Delete
Name: LAGRANDE, STEVE
Address: 405 RUBY LAKE LOOP
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: BLAKELY, MARY ANN
Address: 457 RUBY LAKE LOOP
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MOSTELL, STEPHEN
Address: 332 RUBY LAKE LOOP
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BLAKELY, MARY ANN
Address: 457 RUBY LAKE LOOP
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Change (X) Addition
Name: SCHUDLICH, MARY
Address: 410 RUBY LAKE PLACE
City-St-Zip: WINTER HAVEN, FL 33884

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: DOLLIE BOYD AGEN 02/09/2009
Electronic Signature of Signing Officer or Director — Date