

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3: 20

DOCUMENT # **763073** (4)

1. Corporation Name
THE RANCHES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**8975 SOUTH FILLY POINT
P.O. BOX 0928
INVERNESS FL 32651-0928**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/30/1982** 3a. Date of Last Report **04/05/1994**
4. FEI Number **59-2244231** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**PEREZ, OLGA BETTS
8975 SOUTH FILLY POINT
INVERNESS FL 32652**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SMITH, EDWARD T SR.
STREET ADDRESS 4506 E. COLT CT.
CITY-ST-ZIP INVERNESS FL
TITLE ATD
NAME PEREZ, OLGA BETTS
STREET ADDRESS 8975 SOUTH FILLY POINT
CITY-ST-ZIP INVERNESS FL
TITLE SD
NAME SMITH, JOAN M
STREET ADDRESS 4506 E. COLT CT
CITY-ST-ZIP INVERNESS FL
TITLE VD
NAME LOCASIO, ANDREW
STREET ADDRESS 4580 E. STALLION LN
CITY-ST-ZIP INVERNESS FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PD** Change Addition
1.2 NAME **LOCASIO, ANDREW**
1.3 STREET ADDRESS **4580 E STALLION LANE**
1.4 CITY-ST-ZIP **INVERNESS, FL 34452**
2.1 TITLE Change Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **SD** Change Addition
3.2 NAME **PEREZ, JAMES**
3.3 STREET ADDRESS **897A S. THOROUGHbred PT.**
3.4 CITY-ST-ZIP **INVERNESS, FL 34452**
4.1 TITLE **VD** Change Addition
4.2 NAME **Haimbaugh, CLEON**
4.3 STREET ADDRESS **9005 S. Filly PT**
4.4 CITY-ST-ZIP **INVERNESS, FL 34452**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Olga Betts Perez 3/31/95 904-637-1108
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Telephone #)