


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90014 037 ****61.25

DOCUMENT # 763073
1. Entity Name
THE RANCHES HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address: **8975 SOUTH FILLY POINT
P.O. BOX 0928
INVERNESS FL 32651-0928**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

4. FEI Number: **59-2244231**

5. Certificate of Status Desired: Applied For Not Applicable

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**MCMULLEN, DAN E
9099 S THOROUGHbred DR
INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** 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 the obligations of registered agent.

SIGNATURE: _____

(NOTE: Registered Agent signature required when reinstating)

DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:

\$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: D	KEYES, KEN 9035 S THOROUGHbred PT INVERNESS FL 34452	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: PD	QUINONEZ, PETER 8918 S THOROUGHbred PT INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: TD	MCMULLEN, DAN 9009 S. THOROUGHbred PT INVERNESS FL 34452	<input type="checkbox"/> Delete	TITLE: P/T/D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: SD	MCMULLEN, JOYCE 9009 S. THOROUGHbred PT INVERNESS FL 34452	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D	SANSONE, FRED 4703 E STALLION INVERNESS FL 34452	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D	COLLAZO, SHIRLEY 9036 S THOROUGHbred PT INVERNESS FL 34452	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dan E McMillen* **2/12/04** **352-860-1292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #