


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

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



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



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2244231**      Not Applicable

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

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      DATE  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	<input type="checkbox"/> Delete
NAME	KEYES, KEN	
STREET ADDRESS	8035 S THOROUGHbred PT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCMULLEN, DAN	
STREET ADDRESS	9009 S. THOROUGHbred PT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCMULLEN, JOYCE	
STREET ADDRESS	9009 S. THOROUGHbred PT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANSONE, FRED	
STREET ADDRESS	4703 E STALLION	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLAZO, SHIRLEY	
STREET ADDRESS	9036 S THOROUGHbred PT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000213578  
02/03/05-80073-021 61.25

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. McMullen*      Dan E. McMullen      2/1/05      352-860-1292

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