


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90016 010 \*\*\*\*61.25

|   |         |   |             |
|---|---------|---|-------------|
| <b>DOCUMENT # 763073</b>  |         |      |             |
| 1. Entity Name<br><b>THE RANCHES HOMEOWNERS ASSOCIATION, INC.</b>   |         |   |             |
| Principal Place of Business<br>8975 SOUTH FILLY POINT<br>P.O. BOX 0928<br>INVERNESS FL 32651-0928   |         | Mailing Address<br>8975 SOUTH FILLY POINT<br>P.O. BOX 0928<br>INVERNESS FL 32651-0928 |             |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |             |
| City & State  |         | City & State  |             |
| Zip   | Country | Zip   | Country     |
| <b>6. Name and Address of Current Registered Agent</b>  |         | <b>7. Name and Address of New Registered Agent</b>                                    |             |
| MCMULLEN, DAN E<br>9099 S THOROUGHbred DR<br>INVERNESS FL 34452   |         | 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 _____   |         |   |             |



1st MOORE CR2E037 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2244231</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>KONKOI, PATRICIA<br>4590 E. COLT CT<br>INVERNESS FL 34452 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | TD<br>Konkol, Patricia<br>4590 E Colt Ct<br>Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PTD<br>MCMULLEN, DAN<br>9009 S. THOROUGHbred PT<br>INVERNESS FL 34452 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | PD<br>McMullen, Dan<br>9099 S Thoroughbred Pt<br>Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | SD<br>MCMULLEN, JOYCE<br>9009 S. THOROUGHbred PT<br>INVERNESS FL 34452 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>SANSONE, FRED<br>4703 E STALLION<br>INVERNESS FL 34452 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>KONKOL, VICTOR<br>4590 E. CLOT CT<br>INVERNESS FL 34452 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | VPD<br>Konkol, Victor<br>4590 E Colt Ct<br>Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | D<br>Serra, Edward<br>4649 E Colt Ct<br>Inverness, FL 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia A. Konkol* Patricia A. Konkol March 2, 07-341-4590 (352)