

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number **59-2244231**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, DAN E
9099 S THOROUGHbred DR
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

Signature, typed or printed name of registered agent and title and office

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	TD	<input type="checkbox"/> Delete
NAME	KONKOJ, PATRICIA	
STREET ADDRESS	4590 E. COLT CT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	PD	<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	VPD	<input type="checkbox"/> Delete
NAME	KONKOL, VICTOR	
STREET ADDRESS	4590 E. CLOT CT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRA, EDWARD	
STREET ADDRESS	4649 E. COLT CT.	
CITY-ST-ZIP	INVERNESS FL 34452	

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

000000826647
 02/21/08-80057-020 61.25

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 Feb. 11, 2008