

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763073

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: THE RANCHES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8975 SOUTH FILLY POINT  
P.O. BOX 0928  
INVERNESS, FL 326510928

**New Principal Place of Business:**

9099 S THOROUGHBRED PT.  
INVERNESS, FL 34452

**Current Mailing Address:**

8975 SOUTH FILLY POINT  
P.O. BOX 0928  
INVERNESS, FL 326510928

**New Mailing Address:**

9099 S THOROUGHBRED PT.  
P.O. BOX 0928  
INVERNESS, FL 344510928

FEI Number: 59-2244231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMULLEN, DAN E  
9099 S THOROUGHBRED DR  
INVERNESS, FL 34452 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: KONKOI, PATRICIA  
Address: 4590 E. COLT CT  
City-St-Zip: INVERNESS, FL 34452

Title: PD ( ) Delete  
Name: MCMULLEN, DAN  
Address: 9009 S. THOROUGHBRED PT  
City-St-Zip: INVERNESS, FL 34452

Title: SD ( ) Delete  
Name: MCMULLEN, JOYCE  
Address: 9009 S. THOROUGHBRED PT  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: SANSONE, FRED  
Address: 4703 E STALLION  
City-St-Zip: INVERNESS, FL 34452

Title: VPD ( ) Delete  
Name: KONKOL, VICTOR  
Address: 4590 E. CLOT CT  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: SERRA, EDWARD  
Address: 4649 E. COLT CT.  
City-St-Zip: INVERNESS, FL 34452

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA KONKOL

TD

02/06/2009

Electronic Signature of Signing Officer or Director

Date