

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763073** (4)
1. Corporation 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**

3. Date Incorporated or Qualified: **04/30/1982**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2244231**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PEREZ, OLGA BETTS
8975 SOUTH FILLY POINT
INVERNESS FL 32652**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	LOCASIO, ANDREW	
STREET ADDRESS	4580 E STALLION LANE	
CITY - ST - ZIP	INVERNESS FL	
TITLE	ATD	<input type="checkbox"/>
NAME	PEREZ, OLGA BETTS	
STREET ADDRESS	8975 SOUTH FILLY POINT	
CITY - ST - ZIP	INVERNESS FL	
TITLE	SD	<input type="checkbox"/>
NAME	PEREZ, JAMES	
STREET ADDRESS	8972 S THOROUGHbred PT	
CITY - ST - ZIP	INVERNESS FL	
TITLE	VO	<input type="checkbox"/>
NAME	HAIMBAUGH, CLEON	
STREET ADDRESS	9005 S FILLY PT	
CITY - ST - ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P.D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ARTHUR EBERHARD		
1.3 STREET ADDRESS	4558 E. COLT CT.		
1.4 CITY - ST - ZIP	INVERNESS, FLA. 34452		
2.1 TITLE	A.T.D.	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SAME		
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	V.D. MARY OLIVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	9037 S. FILLY PT		
3.3 STREET ADDRESS	INVERNESS, FLA. 34452		
3.4 CITY - ST - ZIP			
4.1 TITLE	S.D. CAROL MARENGO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	9104 S. THOROUGHbred PT.		
4.3 STREET ADDRESS	INVERNESS, FLA. 34452		
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Olga Betts Perez 3/20/96 904-637-1108
DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)