

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763073

FILED
Jan 08, 2014
Secretary of State
CC9800764252

Entity Name: THE RANCHES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9099 S THOROUGHbred PT.
INVERNESS, FL 34452

Current Mailing Address:

9099 S THOROUGHbred PT.
INVERNESS, FL 34452

FEI Number: 59-2244231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title TD
Name KONKOL, PATRICIA
Address 4590 E. COLT CT
City-State-Zip: INVERNESS FL 34452

Title PD
Name MCMULLEN, DAN
Address 9009 S. THOROUGHbred PT
City-State-Zip: INVERNESS FL 34452

Title SD
Name MCMULLEN, JOYCE
Address 9009 S. THOROUGHbred PT
City-State-Zip: INVERNESS FL 34452

Title D
Name SANSONE, FRED
Address 4703 E STALLION
City-State-Zip: INVERNESS FL 34452

Title VPD
Name RUSHING, DALE
Address 4614 EAST COLT COURT
City-State-Zip: INVERNESS FL 34452

Title D
Name JENNIFER, BERBERT
Address 8819 S. FILLY PT.
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR
Name RUSHING, NANCY
Address 4614 EAST COLT COURT
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR
Name CARTER, JOLEEN
Address 9065 SOUTH THOROUGHbred POINT
City-State-Zip: INVERNESS FL 34452

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I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. KONKOL

TREASURER

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARTIN,SPRAY, SHERRI
Address 4605 EAST STALLION LANE
City-State-Zip: INVERNESS FL 34452