

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763073

Entity Name: THE RANCHES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8881 S FILLY PT
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 928
INVERNESS, FL 34451 US

FEI Number: 59-2244231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKS, LEE-ROY
8881 S FILLY PT
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: LEE-ROY MARKS

04/03/2015

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 PRESIDENT
Name MARKS, LEE ROY
Address 8881 S FILLY PT
City-State-Zip: INVERNESS FL 34452

Title SECRETARY
Name MARTIN-SPRAY, CHERI
Address 4605 E STALLION LN
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 BERBERT, JENNIFER
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 GUTHRIE, RAY
Address 4615 E COLT CT
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: CHERI E. MARTIN-SPRAY

SECRETARY

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GORANSON, PHIL
Address 8820 S THOROUGHBRED PT
City-State-Zip: INVERNESS FL 34452