### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763073** 

Entity Name: THE RANCHES HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 23, 2017
Secretary of State
CC5342758006

## **Current Principal Place of Business:**

9099 S. THOROUGHBRED 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:

MCMULLEN, JOYCE 9099 S. THOROUGHBRED 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: JOYCE MCMULLEN 01/23/2017

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title TREASURER Title PRESIDENT

Name KONKOL, PATRICIA Name MCMULLEN, JOYCE

Address 4590 E. COLT CT Address 9099 S. THOROUGHBRED PT.

City-State-Zip: INVERNESS FL 34452 City-State-Zip: INVERNESS FL 34452

Title SECRETARY Title D

Name MARTIN-SPRAY, CHERI Name MONTELEONE, JOSEPH

Address 4605 E STALLION LN Address 9101 S. FILLY PT.

City-State-Zip: INVERNESS FL 34452 City-State-Zip: INVERNESS FL 34452

Title VPD Title D

NameSPRAY, MICHAEL S.NameBERBERT, JENNIFERAddress4605 E. STALLION LN.Address8819 S. FILLY PT.

City-State-Zip: INVERNESS FL 34452 City-State-Zip: INVERNESS FL 34452

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

Electronic Signature of Signing Officer/Director Detail

SECRETARY

01/23/2017