

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763073

FILED
Feb 24, 2019
Secretary of State
9161447566CC

Entity Name: THE RANCHES HOMEOWNERS ASSOCIATION, INC.

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

02/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CARTER, JOLENE M
Address 9065 S THOROUGHbred PT
City-State-Zip: INVERNESS FL 34452

Title PRESIDENT
Name MCMULLEN, JOYCE
Address 9099 S. THOROUGHbred 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 DIRECTOR
Name SANSONE, FREDDIE
Address 8853 S THOROUGHbred PT
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR
Name SPRAY, MICHAEL S.
Address 4605 E. STALLION LN.
City-State-Zip: INVERNESS FL 34452

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

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

Title DIRECTOR
Name SANSONE, RONNIE
Address 4703 E STALLION LN
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: JOLENE M CARTER

TREASURER

02/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANSONE, SHELLEY
Address 8853 S THOROUGHBRED PT
City-State-Zip: INVERNESS FL 34452