

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763073 (4)**

1. Corporation Name  
**THE RANCHES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>8975 SOUTH FILLY POINT P.O. BOX 0928 INVERNESS FL 32651-0928</b>	Mailing Address <b>8975 SOUTH FILLY POINT P.O. BOX 0928 INVERNESS FL 34451-0928</b>
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3. Date Incorporated or Qualified <b>04/30/1982</b>	3a. Date of Last Report <b>04/09/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2244231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 *Richard E. Morengo*  
Signature typed or printed name of registered agent (title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EBERHARD, ARTHUR</b>		1.2 NAME <b>Anthony Gardini</b>	
STREET ADDRESS <b>4558 E. COLT CT.</b>		1.3 STREET ADDRESS <b>9100 Thoroughbred pt</b>	
CITY-ST-ZIP <b>INVERNESS FL 34452</b>		1.4 CITY-ST-ZIP <b>Inverness Fl. 34452</b>	
TITLE <b>ATD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Dir</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PEREZ, OLGA BETTS</b>		2.2 NAME <b>Joseph Monteleone</b>	
STREET ADDRESS <b>8975 SOUTH FILLY POINT</b>		2.3 STREET ADDRESS <b>Inverness Fl 34452</b>	
CITY-ST-ZIP <b>INVERNESS FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>OLIVER, MARY</b>		3.2 NAME <b>Andrew Locasio</b>	
STREET ADDRESS <b>9037 S. FILLY PT</b>		3.3 STREET ADDRESS <b>4580 E. Stallion Lane</b>	
CITY-ST-ZIP <b>INVERNESS FL 34452</b>		3.4 CITY-ST-ZIP <b>Inverness Fl. 34452</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARENGO, CAROL</b>		4.2 NAME <b>John Johnson</b>	
STREET ADDRESS <b>9104 S THOROUGHbred Pt.</b>		4.3 STREET ADDRESS <b>4675 E. Stallion Lane</b>	
CITY-ST-ZIP <b>INVERNESS FL 34452</b>		4.4 CITY-ST-ZIP <b>Inverness Fl. 34452</b>	
TITLE <b>Director</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Richard Morengo</b>		5.2 NAME <b>Vincnet Digovanni</b>	
STREET ADDRESS <b>Thoroughbred Pt</b>		5.3 STREET ADDRESS <b>8974 S. Filly Pt.</b>	
CITY-ST-ZIP <b>Inverness Fl 34452</b>		5.4 CITY-ST-ZIP <b>Inverness Fl. 34452</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

*Richard E. Morengo*

CR2E037 (9/96)