### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763073** 

Entity Name: THE RANCHES HOMEOWNERS ASSOCIATION, INC.

**FILED** Feb 02, 2024 **Secretary of State** 1086641651CC

# **Current Principal Place of Business:**

9065 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:

CARTER, JOLENE M 9065 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: JOLENE M CARTER 02/02/2024

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title **TREASURER** Title **SECRETARY** CARTER, JOLENE M Name RIOUX, MEGAN Name 9065 S THOROUGHBRED PT Address 4895 E STALLION LN Address City-State-Zip: INVERNESS FL 34452 INVERNESS FL 34452 City-State-Zip:

Title DIRECTOR Title DIRECTOR

FOX, DOUGLAS Name SANSONE, FREDDIE Name

Address 8853 S THOROUGHBRED PT Address 4590 E COLT CT

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

Title DIRECTOR **PRESIDENT** Title

Name SANSONE, RONNIE BERBERT, JENNIFER Name Address 4703 E STALLION LN 8819 S. FILLY PT. Address INVERNESS FL 34452

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

Title

SANSONE, SHELLEY Name

8853 S THOROUGHBRED PT Address

INVERNESS FL 34452 City-State-Zip:

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.

02/02/2024 SIGNATURE: JOLENE M CARTER TREASURER