


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 32651-0928</b>
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3. Date Incorporated or Qualified <b>04/30/1982</b>		
4. FEI Number <b>59-2244231</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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~~

*Diane Monteleone*  
*9101 S. Filly Point*  
*Inverness, FL 34452*

10. Name and Address of New Registered Agent

81. Name <i>Diane Monteleone</i>	
82. Street Address (P.O. Box Number is Not Acceptable) <i>9101 S. Filly Pt.</i>	
83. City <i>Inverness</i>	
84. State <b>FL</b>	85. Zip Code <i>34452</i>

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 *Diane Monteleone* DATE *4/5/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBERHARD, ARTHUR</b>	1.2 NAME	
STREET ADDRESS	<b>4558 E. COLT CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ATD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, OLGA BETTS</b>	2.2 NAME	<i>Treasurer</i>
STREET ADDRESS	<b>8975 SOUTH FILLY POINT</b>	2.3 STREET ADDRESS	<i>Diane Monteleone</i>
CITY-ST-ZIP	<b>INVERNESS FL</b>	2.4 CITY-ST-ZIP	<i>9101 S. Filly Pt.</i>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVER, MARY</b>	3.2 NAME	
STREET ADDRESS	<b>9037 S. FILLY PT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARENGO, CAROL</b>	4.2 NAME	
STREET ADDRESS	<b>9104 S THOROUGHbred PT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDINI, ANTHONY</b>	5.2 NAME	
STREET ADDRESS	<b>9100 THOUTOUUGHbred PT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORENGO, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>THOROUGHbred PT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Diane Monteleone*

CR2E037 (10/97)