FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763073

Corporation Name

THE RANCHES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business								
8975 SOUTH FILLY POINT								
P.O. BOX 0928								
INVERNESS FL 32651-0928								

2. Principal Place of Business

Suite, Apt. #, etc.

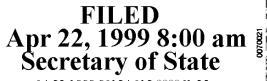
Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

8975 SOUTH FILLY POINT P.O. BOX 0928 INVERNESS FL 32651-0928



04-22-1999 90124 012 ****61.25



Applied For

3. Date Incorporated or Qualifed

04/30/1982

4. FEI Number

22		27				59-2244231	-	Not	Applicable	
City & State						5. Certifcate of Status Desired	\$8	.75 A	dditional	
23	28					5. Certificate of Status Desired	1	ee Rec	quired	
Zip				ntry		6. Election Campaign Financing	\$	5.00	May Be	
·	25 29 30					Trust Fund Contribution	7	dded to	Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81	Name]	
MONTEL FONE DIANE					Otes A Add	/D.O. Boy Number in Not Assertable)			}	
MONTELEONE, DIANE				82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
9101 S FILLY PT.				83						
INVERNESS FL 34452 영화본문학문원은 물건 3학자동				1						
tang dang dang dang dang dang dang dang d				84	City		FL 85	Zip C	ode	
11. Burguent to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the ab						oration submits this statement for the purpo	se of chanc	ing 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 needly accept the appointment as registered										
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICER	S AND DIF	RECTO	RS IN 12	
TITLE	PD	D DELET	Ε 1.1 ΠΠ	LE	Y	D	Z.	hange	☐ Addition	
NAME	EBERHARD, ARTHUR	·	1.2 NA)	ΜE	16	hartha Sleep	,			
STREET ADORESS	LOCALIDATION ANTITON			13 STREET ADDRESS 9006S. KILLY Pt.						
	INVERNESS FL 34452			1.4 CITY-ST-ZIP		Inverness, FL 34452	_			
CITY-\$T-ZIPTITLE	T S4432	□ DELET	DELETE 2.1 TI			11.00/11-30, 1 - 0 -1 130		hange	Addition	
NAME	<u> </u>			2.2 NAME		•		_		
STREET ADDRESS	Monteleone, Diane 9101 S Filly Pt.				DDRESS					
				ry-st-						
CITY-ST-ZIP	Time of the contract of the co			LE		D	П	hange	Addition	
NAME	VD		3.2 NA]]	oseph Monteleone 1101 S. Filly Pt	_		``\	
	OCIVER, NOTE				DORESS	7101 S. FILLY PT.				
STREET ADDRESS	000. 0. 1.22			TY-ST-		Inverness, FL. 344	29-			
CITY-ST-ZIP TITLE	INVERNESS FL 34452	Ø DELET				< 17	750	hange	Addition	
NAME		المالية	4.2 NA		F.	Teanor Calpenter		-	_	
STREET ADDRESS	MARENGO, CAROL 9104 S THOROUGHBRED PT.				DDRESS	Eleanor Calpenter 80745 Filly Pr				
	INVERNESS FL 34452		4.4 CIT			Inverness FL 3445				
CITY-ST-ZIP	D.	☐ DELET				1- 100 11005 10 00 10		hange	Addition	
NAME	GARDINI, ANTHONY		5.2 NA				_	-		
STREET ADORESS	9100 THOUTOUUGHBRED PT		5,3 STF	REETA	DDRESS					
	INVERNESS FL 34452		5.4 CIT							
CITY-ST-ZIP		DELET				D _	П	hange	Addition	
TITLE	D DIOLAND	PADELEI	6.2 NA		V	aul Perez		- 3-		
NAME	MORENGO, RICHARD				DDRESS	Paul Perez. Barts S. Filly Pt.				
STREET ADDRESS	THORUGHBRED PT				2011000	Inverness F. 34452	_			
CITY-ST-ZIP	INVERNESS FL 34452		6.4 CIT	T-SI-	موا ع	(VIOE) 71035, (E. O4 142			formation	

4.1 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, with all other like empowered.

SIGNATURE:

4/13/99 (35a)344-2061
Date Day/ne Phone #

CR2F037