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**Apr 22, 1999 8:00 am**  
**Secretary of State**

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763073**

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

Principal Place of Business 8975 SOUTH FILLY POINT P.O. BOX 0928 INVERNESS FL 32651-0928	Mailing Address 8975 SOUTH FILLY POINT P.O. BOX 0928 INVERNESS FL 32651-0928
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/30/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2244231
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**MONTELEONE, DIANE**  
 9101 S FILLY PT.  
 INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EBERHARD, ARTHUR	
STREET ADDRESS	4558 E. COLT CT.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MONTELEONE, DIANE	
STREET ADDRESS	9101 S FILLY PT.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OLIVER, MARY	
STREET ADDRESS	9037 S. FILLY PT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARENGO, CAROL	
STREET ADDRESS	9104 S THOROUGHbred PT.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDINI, ANTHONY	
STREET ADDRESS	9100 THOUTOUGHbred PT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORENGO, RICHARD	
STREET ADDRESS	THOROUGHbred PT	
CITY-ST-ZIP	INVERNESS FL 34452	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Martha Sleep	
1.3 STREET ADDRESS	9005 S. Filly Pt.	
1.4 CITY-ST-ZIP	Inverness, FL 34452	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Monteleone	
3.3 STREET ADDRESS	9101 S. Filly Pt.	
3.4 CITY-ST-ZIP	Inverness, FL 34452	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eleanor Carpenter	
4.3 STREET ADDRESS	8974 S. Filly Pt.	
4.4 CITY-ST-ZIP	Inverness, FL 34452	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Raul Perez	
6.3 STREET ADDRESS	8975 S. Filly Pt.	
6.4 CITY-ST-ZIP	Inverness, FL 34452	

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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/13/99 Daytime Phone #: (352) 344-2061

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