

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90190 042 ****61.25

DOCUMENT # 763073

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2244231**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, DAN E
9099 S THOROUGHbred DR
INVERNESS FL 34452

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: CARPENTER, EDWARD
STREET ADDRESS: 8974 S. FILLY PT
CITY-ST-ZIP: INVERNESS FL 34452
 Delete

TITLE: D
NAME: Ken Keyes
STREET ADDRESS: 9035 S Thoroughbred Pt
CITY-ST-ZIP: Inverness, FL 34452
 Change Addition

TITLE: PD
NAME: SLEEP, MARTHA
STREET ADDRESS: 9005 S. FILLY PT
CITY-ST-ZIP: INVERNESS FL 34452
 Delete

TITLE: PD
NAME: Peter Quinonez
STREET ADDRESS: 8918 S. Thoroughbred Pt
CITY-ST-ZIP: Inverness, FL 34452
 Change Addition

TITLE: TD
NAME: MCMULLEN, DAN
STREET ADDRESS: 9009 S. THOROUGHbred PT
CITY-ST-ZIP: INVERNESS FL 34452
 Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: SD
NAME: MCMULLEN, JOYCE
STREET ADDRESS: 9009 S. THOROUGHbred PT
CITY-ST-ZIP: INVERNESS FL 34452
 Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: D
NAME: PEREZ, JAMES
STREET ADDRESS: 8972 S. THOROUGHbred PT
CITY-ST-ZIP: INVERNESS FL 34452
 Delete

TITLE: D
NAME: Fred Sansone
STREET ADDRESS: 4703 E Stallion
CITY-ST-ZIP: Inverness, FL 34452
 Change Addition

TITLE: D
NAME: JOHNSON, M. L
STREET ADDRESS: 4675 E. STALLION LN
CITY-ST-ZIP: INVERNESS FL 34452
 Delete

TITLE: D
NAME: Shirley Collazo
STREET ADDRESS: 9036 S. Thoroughbred Pt
CITY-ST-ZIP: Inverness, FL 34452
 Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. S. McMillen* DAN E. MCMULLEN 2/3/03 (352) 860-1292

CR2E037 (10/02)