


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 750823 1. Entity Name TOWNHOUSES AT REDBRIDGE ASSOCIATION, INC.					
Principal Place of Business 7830 NW 41ST COURT SUNRISE FL 33351 US			Mailing Address 10235 W. SAMPLE RD., SUITE 107 CORAL SPRINGS FL 33065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2039822	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent ROBINSON, WILLIAM T CPA 10235 W. SAMPLE RD., SUITE 107 CORAL SPRINGS FL 33065			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEJANOVSKI, ARLENE			NAME	
STREET ADDRESS	4126 N.W. 79TH AVENUE			STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33351			CITY - ST - ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON, ERIC			NAME	
STREET ADDRESS	4117 NW 78TH AVE			STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33351			CITY - ST - ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUHLE, DEBRA			NAME	
STREET ADDRESS	7930 NW 41 CT			STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33351			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	



MOORE CR2E037 (11/03)

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: *Arlene Chejanovski* *Arlene Chejanovski, President* 2/4/04 954-806-6995