

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5: 59

DOCUMENT # N13320 (9)
1. Corporation Name
RED BARN ESTATES RESIDENTS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
24 RED BARN ESTATES **24 RED BARN ESTATES**
BUSHNELL FL 33513 **BUSHNELL FL 33513**
ADDRESS CHANGE
5760 SW 18th TER.

3. Date Incorporated or Qualified 02/06/1986	3a. Date of Last Report 02/08/1994
4. FEI Number 59-3003562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent
FRITTS, WILLIAM H
16 RED BARN ESTATES
BUSHNELL FL 33513

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Patricia Barnes* **PATRICIA BARNES** 3/22/95
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEGONE, MARGE
STREET ADDRESS	234 RED BARN ESTATES
CITY - ST - ZIP	BUSHNELL FL
TITLE	VPD
NAME	FLEET, JIM
STREET ADDRESS	23 RED BARN ESTATE
CITY - ST - ZIP	BUSHNELL FL
TITLE	SD
NAME	FRITTS, WILLIAM H
STREET ADDRESS	16 RED BARN ESTATES
CITY - ST - ZIP	BUSHNELL FL
TITLE	TD
NAME	BARNES, PATRICIA
STREET ADDRESS	15 RED BARN ESTATES
CITY - ST - ZIP	BUSHNELL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD GOODELL
1.3 STREET ADDRESS	5760 SW 18th Ter. Lot 33
1.4 CITY - ST - ZIP	BUSHNELL, FL.
2.1 TITLE	V. PRES D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES FLEET
2.3 STREET ADDRESS	5760 SW 18th Ter. Lot 33
2.4 CITY - ST - ZIP	BUSHNELL, FLA.
3.1 TITLE	SEC. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM FRITTS
3.3 STREET ADDRESS	5760 SW 18th Ter. Lot 16
3.4 CITY - ST - ZIP	BUSHNELL, FLA.
4.1 TITLE	TRES D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PATRICIA BARNES
4.3 STREET ADDRESS	5760 SW 18th Ter. Lot 15
4.4 CITY - ST - ZIP	Bushnell, FLA.
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Barnes* **PATRICIA BARNES** 3/22/95 904
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (dd/mm/yyyy)