

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 5760 SW 18TH TERR BUSHNELL FL 33513 US
Mailing Address: 5760 SW 18TH TERR BUSHNELL FL 33513 US

3. Date Incorporated or Qualified: 02/06/1986
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business: 21 5760 SW 18th Terr # 149
Suite, Apt. #, etc.: 22 Bushnell, Fla.
City & State: 23 Bushnell, Fla.
Zip: 24 33513 Country: 25 Sum Ter
2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-3003562 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent
81 Name: HAYWOOD, RUTH
82 Street Address (P.O. Box Number is Not Acceptable): 5760 SW 18th Terr
83
84 City: BUSHNELL FL 85 Zip Code: 33513

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: Ruth A. Haywood Ruth A. Haywood 2-16-96
Signature, typed or printed name of registered agent and street address (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	GOODELL, RICHARD	
STREET ADDRESS	5760 SW 18TH TERR., LOT 33	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	FLEET, JAMES	
STREET ADDRESS	5760 SW 18TH TERR., LOT 23	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	FRITTS, WILLIAM	
STREET ADDRESS	5760 SW 18TH TERR., LOT 16	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	BARNES, PATRICIA	
STREET ADDRESS	5760 SW 18TH TERR., LOT 15	
CITY-ST-ZIP	BUSHNELL FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	FLEET, JAMES		
1.3 STREET ADDRESS	5760 SW 18TH TERR. LOT 23		
1.4 CITY-ST-ZIP	BUSHNELL FL		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	KEIFER, RICHARD		
2.3 STREET ADDRESS	5760 SW 18TH TERR. LOT 232		
2.4 CITY-ST-ZIP	BUSHNELL FL		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	DEBONE, MARGO		
3.3 STREET ADDRESS	5760 SW 18TH TERR. LOT 234		
3.4 CITY-ST-ZIP	BUSHNELL FL		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	HAYWOOD, RUTH		
4.3 STREET ADDRESS	5760 SW 18TH TERR. LOT 147		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth A. Haywood 2-16-96 904-793-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)