

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90089 013 ****61.25

0066512

DOCUMENT # N13320

1. Entity Name

RED BARN ESTATES RESIDENTS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5760 SW 18TH TERRACE
 LOT 42
 BUSHNELL FL 33513
 US

5760 SW 18TH TERRACE
 LOT 42
 BUSHNELL FL 33513
 US

C0023488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3003562

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHLEY, BURNETT
5760 SW 18TH TERR LOT 42
BUSHNELL FL 33513

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|----------------|--------------------------|-------------------|-------------------------------------|
| TD | BRYANT, PAMELA | 5760 SW 18TH TERR LOT 33 | BUSHNELL FL 33513 | <input checked="" type="checkbox"/> |
| PD | ISRAEL, JOHN | 5760 SW 18TH TERR LOT 23 | BUSHNELL FL 33513 | <input checked="" type="checkbox"/> |
| DS | KNUPP, FRED | 5760 SW 18TH TERR LOT 14 | BUSHNELL FL 33513 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-----------|---------------|-----------------------------|-------------------|-------------------------------------|-------------------------------------|
| PRES | VAL LANGELIER | 5760 SW 18TH TERRACE LOT 19 | BUSHNELL FL 33513 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VICE PRES | DAVID JONES | 5760 SW 18TH TERRACE LOT 12 | BUSHNELL FL 33513 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| TREAS | GEORGE DUROV | 5760 SW 18TH TERRACE LOT 25 | BUSHNELL FL 33513 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SECT | DOT RICHARDS | 5760 SW 18TH TERRACE LOT 18 | BUSHNELL FL 33513 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

2/5/01 352/568-2993
 Date Daytime Phone #

CR2E037 (10/00)