


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90080 006 \*\*\*\*70.00

**DOCUMENT # N13320**  
 1. Entity Name  
**RED BARN ESTATES RESIDENTS' ASSOCIATION, INC.**



Principal Place of Business  
**5760 SW 18TH TERRACE  
 LOT 233  
 BUSHNELL FL 33513  
 US**

Mailing Address  
**5760 SW 18TH TERRACE  
 LOT 233  
 BUSHNELL FL 33513  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**5760 SW 18TH Terrace  
 lot 30**

City & State  
**Bushnell FL**

City & State  
**Bushnell FL**

4. FEI Number  
**59-3003562**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip Country Zip Country  
**33513 Sumter**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**DUQUETTE, WALTER JR  
 5760 SW 18TH TERR LOT 233  
 BUSHNELL FL 33513**

7. Name and Address of New Registered Agent  
 Name **Harry L Rice**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5760 SW 18 Ter Lot 30**  
 City **Bushnell** FL Zip Code **33513**

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 Harry L Rice DATE 1-25-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25                  Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAY, PAUL <input type="checkbox"/> Delete 5760 SW 18TH TER LOT 149 BUSHNELL FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYANT, PAM <input type="checkbox"/> Delete 5760 SW 18TH TER LOT 33 BUSHNELL FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUQUETTE, WALTER A JR <input checked="" type="checkbox"/> Delete 5760 SW 18TH TERRACE LOT 233 BUSHNELL FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TROTTER, BRENDA <input type="checkbox"/> Delete 5760 SW 18TH TER LOT 45 BUSHNELL FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Harry L Rice <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <del>5760 SW 18TH Ter Lot 30</del> Bushnell FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Harry L Rice Harry L Rice DATE 1-25-05 DAYTIME PHONE # 352-793-7569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR