
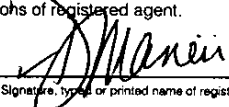



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90092 037 ****61.25

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 - No P.O. Box # 4118 NW 79th Ave		3. Mailing Address Suite, Apt. #, etc. City & State SUNRISE FL			
Suite, Apt. #, etc. City & State SUNRISE FL		Suite, Apt. #, etc. City & State SUNRISE FL		4. FEI Number 59-2039822	
Zip 33351		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTNETT, JOHN 8032 NW 41 CT SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name DENNIS MAINERI Street Address (P.O. Box Number is Not Acceptable) 4118 NW 79th Ave City SUNRISE FL 33351		
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  DENNIS MAINERI ✓ 1-25-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	MAJ/D S HOSEA, JENNIFER 4126 N.W. 79TH AVENUE SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAJ/D CHEJANOVSKI, ARLINE 4126 NW 79th Ave SUNRISE FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GLASSER, LORI 8028 NW 41 CT SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDV SCHREIBER, TODD 7835 NORTHWEST 41 STREET SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARTNETT, JOHN 8032 NORTHWEST 41 COURT SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAINERI, DENNIS 4118 NORTHWEST 79 AVENUE SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAJ/D Chejanovski, A	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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:  DENNIS MAINERI, President ✓ 1-25-07 7528152 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					