

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13320

**FILED**  
**Jan 09, 2013**  
**Secretary of State**  
**CC3952349567**

**Entity Name:** RED BARN ESTATES RESIDENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5760 SW 18TH TERRACE  
LOT 5  
BUSHNELL, FL 33513

**Current Mailing Address:**

5760 SW 18TH TERRACE  
LOT 5  
BUSHNELL, FL 33513 US

**FEI Number:** 59-3003562

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAYMOND, EUGENE B  
5760 SW 18TH TERR  
LOT 5  
BUSHNELL, FL 33513 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RICE, LEE  
Address 5760 SW 18TH TER LOT 30  
City-State-Zip: BUSHNELL FL 33513

Title PD  
Name CAMMILLERI, STEVE  
Address 5760 SW 18TH TERR, LOT 138  
City-State-Zip: BUSHNELL FL 33513

Title T  
Name FELMETEN, KAREN  
Address 5760 SW 18TH TER, LOT 28  
City-State-Zip: BUSHNELL FL 33513

Title S  
Name RAYMOND, EUGENE B  
Address 5760 SW 18TH TERRACE, LOT 5  
City-State-Zip: BUSHNELL FL 33513

Title VP  
Name BOWNE, HELEN  
Address 5760 SW 18TH TERRACE, LOT 8  
City-State-Zip: BUSHNELL FL 33513

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EUGENE B RAYMOND

**SECRETARY**

**01/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date