

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90272 010 \*\*\*\*61.25

**DOCUMENT # 706114**

1. Entity Name

**REDLANDS CITIZENS ASSOCIATION, INC.**



Principal Place of Business

P O BOX 4245  
PRINCETON FL 33092

Mailing Address

P O BOX 4245  
PRINCETON FL 33092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**23-7442990**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, MARY ANNETTE**  
**23515 SW 162ND AVE**  
**HOMESTEAD FL 33031**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **ROBINSON, SIDNEY**  
STREET ADDRESS **23515 S.W. 162 AVE.**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **TD** ☐ Delete  
NAME **ROBINSON, MARY ANNETTE**  
STREET ADDRESS **23515 S.W. 162 AVE.**  
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **D** ☐ Delete  
NAME **MILLER, LLOYD**  
STREET ADDRESS **27720 S.W. 197 AVE.**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **PD** ☒ Delete  
NAME **GRIFFIN, COLLEEN**  
STREET ADDRESS **14600 SW 200 ST**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☐ Delete  
NAME **LOUISE, KING**  
STREET ADDRESS **21910 S.W. 250 ST.**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **RS** ☐ Delete  
NAME **WADE, JOHN**  
STREET ADDRESS **20925 SOUTHWEST 187TH AVE**  
CITY-ST-ZIP **HOMESTEAD FL 33187**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition  
NAME **Charlie M. Carey**  
STREET ADDRESS **13990 S.W. 192 St**  
CITY-ST-ZIP **Miami, FL 33177**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Mary Annette Robinson*

4-27-06 305-247-5511