

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706114

FILED
Mar 09, 2009
Secretary of State

Entity Name: REDLANDS CITIZENS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 4245
PRINCETON, FL 33092

New Principal Place of Business:

24801 S.W. 187TH AVENUE
CONFERENCE ROOM
REDLAND, F; 33031

Current Mailing Address:

P O BOX 4245
PRINCETON, FL 33092

New Mailing Address:

FEI Number: 23-7442990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ROBINSON, SIDNEY
Address: 23515 S.W. 162 AVE.
City-St-Zip: HOMESTEAD, FL

Title: TD () Delete
Name: ROBINSON, MARY ANNETTE
Address: 23515 S.W. 162 AVE.
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: MILLER, LLOYD
Address: 27720 S.W. 197 AVE.
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: LOUISE, KING
Address: 21910 S.W. 250 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: RS () Delete
Name: WADE, JOHN
Address: 20925 SOUTHWEST 187TH AVE
City-St-Zip: HOMESTEAD, FL 33187

Title: P () Delete
Name: GREY, PAMELA
Address: 19100 S.W. 304 DR
City-St-Zip: MIAMI, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBINSON, SIDNEY
Address: 23515 S.W. 162 AVE.
City-St-Zip: HOMESTEAD, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HATCHER, MICHAEL
Address: P.O. BOX 924171
City-St-Zip: PRINCETON, FL 33092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ESTY, KAREN
Address: 14445 S.W. 200 STREET
City-St-Zip: MIAMI, FL 33177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARYANNETTE ROBINSON

TD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date