

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 754235 (0)
1. Corporation Name
REDLAND RANCH TWIN HOMES ASSOCIATION, INC.

Principal Place of Business P.O. BOX 16-3000 MIAMI FL 33116-3000	Mailing Address P.O. BOX 16-3000 MIAMI FL 33116-3000
--	--



21 2. Principal Place of Business Suite, Apt #, etc.	26 2a. Mailing Address Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 09/18/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2571239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MARKS, MYRON
11515 S.W. 87 AVENUE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOZORNEA VALLEJO, EZEQUIEL	
STREET ADDRESS	1900 NW 19TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINERO, ROQUELINA	
STREET ADDRESS	5395 CAROLINA AVENUE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINA, CONSUELO	
STREET ADDRESS	1253 NW 14TH AVE4	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MELO, DANIEL	
STREET ADDRESS	1947 N.W. 12TH STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARRISH, CECIL	
STREET ADDRESS	29615 S.W. 158TH COURT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAVALA, PEDRO	
STREET ADDRESS	1343 NW 12THST	
CITY-ST-ZIP	HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hernandez, Emma	
1.3 STREET ADDRESS	1283 N.W. 14 ave.	
1.4 CITY-ST-ZIP	Homestead, Fl 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ramos, Jose	
2.3 STREET ADDRESS	1201 N. W. 14 ave. Homestead, Fl.	
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kelly, Jane	
3.3 STREET ADDRESS	1251 N.W. 14 Ave.	
3.4 CITY-ST-ZIP	Homestead, Fl 33030	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Burgos, David	
4.3 STREET ADDRESS	1342 N. W. 13 Street	
4.4 CITY-ST-ZIP	Homestead, Fl 33030	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Najera, Miguel	
5.3 STREET ADDRESS	1362 N.W. 13 Street	
5.4 CITY-ST-ZIP	Homestead, Fl 33030	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Almaraz, Amador	
6.3 STREET ADDRESS	1323 N. W. 12 Street	
6.4 CITY-ST-ZIP	Homestead, Fl 33030	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Florida Statute 617.0503. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Emma Hernandez (rec)* 4/10/97 205 245-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028208

CR2E037 (9/96)

**REDLAND RANCH
TWIN HOMES CONDO ASSN.**

ADDITION TO DIRECOTRS

- 1. GRACIA, HILDA (D)
30535 S.W. 152 CT.
HOMESTEAD, FL 33030**
- 2. ALMARAZ, ANGEL (D)
1341 N.W. 12 ST.
HOMESTEAD, FL 33030**
- 3. TREJO, FRANCISCO (D)
1203 N.W. 14 AVE.
HOMESTEAD, FL 33030**
- 4. ALMARAZ, JOAQUIN (D)
1281 N.W. 14 AVE.
HOMESTEAD, FL 33030**
- 5. ZAVALA, PEDRO (D)
1360 N.W. 13 ST.
HOMESTEAD, FL 33030**
- 6. SALINAS, DONACIANO (D)
1340 N.W. 13 ST.
HOMESTEAD, FL 33030**