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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90127 039 \*\*\*\*70.00

0024497

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 754235**

1. Corporation Name

**REDLAND RANCH TWIN HOMES ASSOCIATION, INC.**

Principal Place of Business

C/O HERNANDEZ, EMMA  
 1283 NW 14TH AVE  
 HOMESTEAD FL 33030  
 US

Mailing Address

C/O HERNANDEZ, EMMA  
 1283 NW 14TH AVE  
 HOMESTEAD FL 33030  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/18/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-257 1239

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, EMMA**  
**1283 NW 14TH AVE**  
**HOMESTEAD FL 33030**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME **PD HERNANDEZ, EMMA**

1.2 NAME

STREET ADDRESS **1283 NW 14 AVE**

1.3 STREET ADDRESS

CITY-ST-ZIP **HOMESTEAD FL**

1.4 CITY-ST-ZIP

TITLE  DELETE

2.1 TITLE  Change  Addition

NAME **VD RAMOS, JOSE**

2.2 NAME

STREET ADDRESS **1201 NW 14 AVE**

2.3 STREET ADDRESS

CITY-ST-ZIP **HOMESTEAD FL**

2.4 CITY-ST-ZIP

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME **D KELLY, JANE**

3.2 NAME

STREET ADDRESS **1251 NW 14 AVE**

3.3 STREET ADDRESS

CITY-ST-ZIP **HOMESTEAD FL**

3.4 CITY-ST-ZIP

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME **D BURGOS, DAVID**

4.2 NAME

STREET ADDRESS **1342 NW 13 STREET**

4.3 STREET ADDRESS

CITY-ST-ZIP **HOMESTEAD FL**

4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME **D NAJERA, MIGUEL**

5.2 NAME

STREET ADDRESS **1362 NW 13 STREET**

5.3 STREET ADDRESS

CITY-ST-ZIP **HOMESTEAD FL**

5.4 CITY-ST-ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME **D ALMARAZ, AMADOR**

6.2 NAME

STREET ADDRESS **1323 NW 12 ST**

6.3 STREET ADDRESS

CITY-ST-ZIP **HOMESTEAD FL**

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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, with all other like empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

4/30/99

(805) 245-8182

Date

Daytime Phone #

CR2E037 (11/98)

754235  
532171-90127-39

754235

**Redland Ranch Twin Homes Condo.  
Association**

**ADDITION TO DIRECTORS**

- |  |  |
|--|--|
| 1. GARCIA, HILDA (D)<br>26430 S.W. 177 AVE.<br>HOMESTEAD, FL 33031   | 7. PINERO, ROQUELINA (D)<br>5395 CAROLINA AVE.<br>NAPLES, FL                               |
| 2. ALMARAZ, ANGEL (D)<br>1341 N. W. 12 ST.<br>HOMESTEAD, FL 33030    | 8. LINA, CONSUELO (D)<br>1253 N. W. 14 AVE.<br>HOMESTEAD, FL 33030                         |
| 3. TREJO, FRANCISCO (D)<br>1203 N. W. 14 AVE.<br>HOMESTEAD, FL 33030 | 9. PARRISH, CECIL (D)<br>29615 S.W. 158 CT.<br>HOMESTEAD, FL 33030                         |
| 4. ALMARAZ, JOAQUIN (D)<br>1281 N.W. 14 AVE.<br>HOMESTEAD, FL 33030  | 10. ZAVALA, PEDRO (D)<br><del>1343 N.W. 12 ST.</del> 1343 NW 12 ST.<br>HOMESTEAD, FL 33030 |
| 5. ZAVALLA, PEDRO (D)<br>1360 N.W. 13 ST.<br>HOMESTEAD, FL 33030     |  |
| 6. MACARIO, AVILES (D)<br>1340 N.W. 13 ST.<br>HOMESTED, FL 33030     |  |