2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 754235

1. Entity 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 EMMA HERNANDEZ
1609 S GOLDENEYE LANE
HOMESTEAD, FL 33035 US

04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2571239 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, EMMA
1609 S GOLDENEYE LANE
HOMESTEAD, FL 33035

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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000153156
05/04/04-80116-018 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, EMMA
STREET ADDRESS	1609 S GOLDENEYE LANE
CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	VD
NAME	RAMOS, JOSE
STREET ADDRESS	1201 NW 14 AVE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	D
NAME	KELLY, JANE
STREET ADDRESS	1251 NW 14 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	BURGOS, DAVID
STREET ADDRESS	1525 NW 9TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	NAJERA, MIGUEL
STREET ADDRESS	1362 NW 13 STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	D
NAME	ALMARAZ, AMADOR
STREET ADDRESS	11818 SW 273 LANE
CITY-ST-ZIP	NARANJA, FL 33032

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12. 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 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: _____ 4/30/04 305-245-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #