

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90227 005 ****70.00

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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
1 S KROME AVE
HOMESTEAD, FL 33030 US**

40082012



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292006

Chg-NP

CR2E037 (4/06)

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

7. Name and Address of New Registered Agent

**HERNANDEZ, EMMA
1609 S GOLDENEYE LANE
HOMESTEAD, FL 33035**

Name **EMMA HERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)
28221 S. W. 162 AVE.

City **HOMESTEAD,**

FL

Zip Code
33033

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

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

Emma Hernandez

(NOTE: Registered Agent signature required when reinstating)

4/30/06

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HERNANDEZ, EMMA**
STREET ADDRESS **1609 S GOLDENEYE LANE**
CITY-ST-ZIP **HOMESTEAD, FL 33035**

TITLE **D** ☐ Change ☒ Addition
NAME **EDWARD, RICARDO**
STREET ADDRESS **13855 S.W. 102 TERR..**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VD** ☐ Delete
NAME **RAMOS, JOSE**
STREET ADDRESS **1201 NW 14 AVE**
CITY-ST-ZIP **HOMESTEAD, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **SABINE ALBIN**
STREET ADDRESS **7524 S. W. 58 Ave.**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D** ☐ Delete
NAME **KELLY, JANE**
STREET ADDRESS **1251 NW 14 AVE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

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

TITLE **D** ☐ Delete
NAME **LLAGUNO, GEO**
STREET ADDRESS **12964 SW 133 CT**
CITY-ST-ZIP **MIAMI, FL 33186**

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

TITLE **D** ☐ Delete
NAME **NAJERA, MIGUEL**
STREET ADDRESS **1362 NW 13 STREET**
CITY-ST-ZIP **HOMESTEAD, FL**

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

TITLE **D** ☐ Delete
NAME **ALMARAZ, AMADOR**
STREET ADDRESS **11818 SW 273 LANE**
CITY-ST-ZIP **NARANJA, FL 33032**

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 Chapter 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:

Emma Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06

Date

305-245-8182

Daytime Phone #