
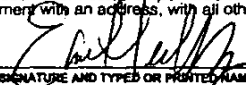


**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90133 036 \*\*\*\*70.00

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 754235</b>				
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2571239
				Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
HERNANDEZ, EMMA 28221 S.W. 162ND AVE HOMESTEAD, FL 33033			Name Street Address (P.O. Box Number is Not Acceptable) City	
			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____				
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, EMMA 1609 S GOLDENEYE LANE HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMMA HERNANDEZ 28221 S. W. 162 AVE. HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMOS, JOSE 1201 NW 14 AVE HOMESTEAD, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSE SIGLER 1360 N.W. 13 ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE 720 PLOVER AVE MIAMI SPRING, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMADO EGUED 1251 N. W. 14 AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLAGUNO, GEO 12964 SW 133 CT MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAJERA, MIGUEL 1362 NW 13 STREET HOMESTEAD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMARAZ, AMADOR 11818 SW 273 LANE NARANJA, FL 33032	<input type="checkbox"/> Delete	TITLE 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: 			Date: 4/30/08	Daytime Phone #: 305-213-0459
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>	<small>Daytime Phone #</small>

40093003



04282008 Chg-NP CR2E037 (12/06)