2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 754235

1. Entity Name

REDLAND RANCH TWIN HOMES ASSOCIATION, INC.

			•	A THE THE				
Principal Place of Business Mail			ss		1			
C/O HERNANDEZ. EMMA 1283 NW 14TH AVE HOMESTEAD FL 33030 US		C/O EMMA HERNANDEZ 1609 S GOLDENEYE LANE HOMESTEAD FL 33035 US				4 8 18 18 18 8 8 8 18 18 18 18 18 18 18 1		1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59	-2571239		oplied For
Zip Country		Zip	Zip Country		5. Certificate of Star	tus Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent	<u> </u>		7 Name and Addre	ess of New Registered	<u>'</u>	ŧu .
	o. Hallo alla Adologo di Gallone	registered Agein		Name	r. Name and Addit	saa or new megistered	rgent	
- HERNAN	IDEZ; EMMA	<u> د د د د د د د د د د د د د د د د د د د</u>		Stroot: Addison	(BO-Boy Number is No	t Acceptable)		
1609 S	GOLDENEYE LANE			Street Address	(r.o.:box number is no	it Acceptable).		
HOMES1	TEAD FL 33035							
				City		FL	Zip Cod	e
8. The above	e named entity submits this statement for	or the purpose of ch	nanging its registe	ered office or registe	ered agent, or both, in th	e State of Florida. I am	familiar with,	and accept
the obliga	tions of registered agent.			•				
•								
SIGNATURE	Signature, typed or printed name of registered agent	nd title if applicable	(NOTE: Begiete	ered Agent signature require	nd when rejectating)	DATE		
<u> </u>	organical philodental in a register of the second and the second a)	(NOTE: Negrato	+	Tomasianing)	JAIC		
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25			ection Campaign ust Fund Contribu	~ ~~	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11		ADDITIONS/CHANGES	S TO OFFICERS AND DI	DECTORS IN	110
TITLE	I PD			rle	ADDITIONS/CHANGE	TO OFFICERS AND DE	☐ Change	Addition
NAME >	HERNANDEZ, EMMA			IME	4		onango	
STREET ADDRESS	1609 S GOLDENEYE LANE		ST	REET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL 33035		cr	TY-ST-ZIP				
TITLE	VD		Delete TIT	rle .			☐ Change	☐ Addition
NAME	RAMOS, JOSE		NA	ME				
STREET ADDRESS	1201 NW 14 AVE			REET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL			TY-ST-ZIP				
TITLE	KELLY, JANE	ا لــا	• •	TLE			☐ Change	☐ Addition
NAMESTREET ADDRESS	1251 NW 14 AVE	ويهججن والإسهامات	And the same of th	ime Reet address :				
CITY-ST-ZIP	HOMESTEAD FL 33030			TY-ST-ZIP	· · ·-	and the second of the second		· - (
TITLE	D		Delete TIT			•	☐ Change	Addition
NAME	BURGOS, DAVID	L_: l		ME			Orange	C Addition
STREET ADDRESS	1525 NW 9TH STREET		ST	REET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL 33030		Cit	IY-ST-ZIP				
TITLE	D	□ r	Delete TIT	LE			☐ Change	Addition
NAME	NAJERA, MIGUEL	 -		ME				
STREET ADDRESS	1362 NW 13 STREET		STI	REET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL		СП	Y-ST-ZIP				
TITLE	D		Delete TIT	LE			☐ Change	Addition
NAME	ALMARAZ, AMADOR		NA	ME				}
STREET ADDRESS	11818 SW 273 LANE		ST	REET ADDRESS				

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.

CITY-ST-ZIP

SIGNATURE:

NARANJA FL 33032

CITY-ST-ZIP

Aug 13, 2003 8:00 am Secretary of State

08-13-2003 90073 004 ****70.00