

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 768565

1. Entity Name
TOWN AND RANCH ESTATES ASSOCIATION, INC.



Principal Place of Business
**12240 VNTA LN
PINECREST, FL 33156 US**

Mailing Address
**12240 VNTA LN
PINECREST, FL 33156 US**



02232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRADLEY, KAREN
12240 VISTA LANE
PINECREST, FL 33156**

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	AIDAAN, RODGER
STREET ADDRESS	12320 VISTA LN
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	VD
NAME	LEVINE, DAVID
STREET ADDRESS	12401 MOSS RANCH RD
CITY-ST-ZIP	PINECREST, FL
TITLE	TD
NAME	BRADLEY, KAREN
STREET ADDRESS	12240 VISTA LN
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	LITTMAN, ERIC
STREET ADDRESS	6050 ROLLING ROAD DRIVE
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000680309
04/03/07-80071-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/07 (305) 65-3330