

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

FILED
Apr 14, 2008 08:00 A
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**



01092008 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**

**DO NOT WRITE
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 constituting)

DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000089650

04/25/08-80016-011-61.25

10. OFFICERS AND DIRECTORS

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

**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 #