

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

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005586

1. Entity Name
CITIZENS AGAINST REDLAND INCORPORATION, INC.



Principal Place of Business
**18001 SW 285 STREET
HOMESTEAD, FL 33030**

Mailing Address
**18001 SW 285 STREET
HOMESTEAD, FL 33030**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1135095

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOSNER, STEVEN D
65 N.W. 16TH STREET
HOMESTEAD, FL 33030**

**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 reinstating)

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**

**U000000849768
03/12/08-60008-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
ALGER, RICHARD
18001 S.W. 285TH STREET
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASE, GERALD C
14925 S.W. 232ND STREET
GOULDS, FL 33170**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATKINS, MICHAEL E
16881 S.W. 286TH TERRACE
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENA, GEORGE A JR.
28245 S.W. 182ND AVENUE
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KENDALL, HAROLD JR.
P. O. BOX 157
GOULDS, FL 33170**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Richard ALGER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305-247-6261
02-27-08**
Date Daytime Phone #