FILE NOW: FILING FEE IS \$61.25

NONPROFIT -CORPORATION ANNUAL RÉPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris .

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N /3320

1. Corporation Name

Suite, Apt. #, etc.

LOT

----- : AUDRESS

RED Barn RESIDENTS' Association, Inc.

2. Principal Place of Business 5760 5.W. 2a. Mailing Address 5760 5.W. 18th TERRACE 26 18th TERRACE

Principal Place of Business 5760 S.W. 18th TERRACE LOT 42 jushnell, F1.33513 Mailing Address 5760 S.W. 18th TERRACE LOT 42 Bushnell, Fl. 33513

Suite, Apt. #, etc.

Jun 01, 1999 8:00 am **Secretary of State**

06-01-1999 90013 030 ****61.25

Applied For

3. Date incorporated or Qualifed 02/06/1986

59-3003562

LOT	42 ZZ LOT 42				- (59-3003562				ot Applicable	
City & Sta					5. Certifcate of Status Desired				\$8.75	Additional	
· Bus	SHNELL FL. 28 BUSHNELL F				J. Certificate of Status Des			sired 🔲	Fee R	equired	
Zìp	Country Zip		Country			6. Election C	ampaign Fina	encing	\$5.00	May Be	
<i>-</i> ∤ 33 <u>5</u>		513 30		<u>.S.</u>		' Trust Fun	d Contribution		Added	to Fees	
	9. Name and Address of Current Registered Ag	10. Name and Address of New Registered Agent									
Ashley, BURNETT				Name	!						
5760 S.W.				82 Street Address (P.O. Box Number is Not Acceptable)							
18th TERRACE				83							
107 40										ŀ	
Bushnell, FL. 33513				City	-				85 Zip	Code	
1202P						FL					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered											
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									DECINI 12		
12.	OFFICERS AND DIRECTORS	⊠ DELETE	13. 1.1 TITLE		DD	ADDITION	S/CHANGES	TO OFFICE	Change	Addition	
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NAME				ETIL SUN 18 TERRACE LOT 33						3	
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	DICTION OF TEACHER LAT 333			ADDRESS							
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ST-ZIP	Bushnell, FL. 33513	2 201 16	4.4 CITY-ST		Bu	ShnEL	L. FL	335	13	Į.	
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 ADURESS			5.3 STREET	ADDRESS	.†					}	
ST-ZIP		ľ	5.4 CITY-ST-	-ZIP]						
		☐ DELETE	6.1 TITLE		1				☐ Change	Addition	
										l l	

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP is. 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 annual report or supplemental annual 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 12 or Block 13 if paganged, or on an attachment with an address, with all other like empowered.

TED MAME OF SIGNING OFFICER OR DIRECTOR