


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90080 006 ****70.00

DOCUMENT # N13320	
1. Entity Name RED BARN ESTATES RESIDENTS' ASSOCIATION, INC.	

Principal Place of Business 5760 SW 18TH TERRACE LOT 233 BUSHNELL FL 33513 US	Mailing Address 5760 SW 18TH TERRACE LOT 233 BUSHNELL FL 33513 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5760 SW 18TH Terrace Lot 30 Suite, Apt. #, etc.
City & State Zip	City & State Bushnell FL Zip 33513
Country	Country Summer



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3003562		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DUQUETTE, WALTER JR 5760 SW 18TH TERR LOT 233 BUSHNELL FL 33513		
7. Name and Address of New Registered Agent Name Harry L Rice Street Address (P.O. Box Number is Not Acceptable) 5760 SW 18 Ter Lot 30 City Bushnell FL Zip Code 33513		

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 Harry L Rice (NOTE: Registered Agent signature required when reinstating) DATE 1-25-05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAY, PAUL 5760 SW 18TH TER LOT 149 BUSHNELL FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYANT, PAM 5760 SW 18TH TER LOT 33 BUSHNELL FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUQUETTE, WALTER A JR 5760 SW 18TH TERRACE LOT 233 BUSHNELL FL 33513 <input checked="" type="checkbox"/> Delete	T Harry L Rice 5760 SW 18TH Ter Lot 30 Bushnell FL 33513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TROTTER, BRENDA 5760 SW 18TH TER LOT 45 BUSHNELL FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Harry L Rice Harry L Rice 1-25-05 352-793-7569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #