

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90238 004 ****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 30 BUSHNELL, FL 33513 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5760 SW 18th TERRACE LOT 32 Suite, Apt. #, etc.			
City & State 		City & State BUSHNELL, FL			
Zip 	Country 	Zip 33513	Country USA	4. FEI Number 59-3003562	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICE, HARRY L 5760 SW 18TH TERR LOT 30 BUSHNELL, FL 33513			7. Name and Address of New Registered Agent Name MARY (MOLLIE) WIEGAND Street Address (P.O. Box Number is Not Acceptable) 5760 SW 18th TERRACE LOT 32 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 <u>Mary (Mollie) Wiegand</u> MARY (MOLLIE) WIEGAND <u>3/13/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete BRYANT, PAM 5760 SW 18TH TER LOT 33 BUSHNELL, FL 33513		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GADDIS, HOWARD 5760 SW 18th TERR LOT 29 BUSHNELL, FL 33513	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete RICE, HARRY L 5760 SW 18TH TERRACE LOT 30 BUSHNELL, FL 33513		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete TROTTER, BRENDA 5760 SW 18TH TER LOT 45 BUSHNELL, FL 33513		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	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FELMETEN, KAREN 5760 SW 18th TER LOT 28 BUSHNELL, FL 33513	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WIEGAND, MARY (MOLLIE) 5760 SW 18th TER LOT 32 BUSHNELL, FL 33513	
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: <u>Harry L Rice</u> HARRY L. RICE <u>3/13/2006</u> <u>352 7937569</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					