2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13320

FILED Jan 08, 2009 Secretary of State

Entity Name: RED BARN ESTATES RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
LOT 16	I8TH TERRAC	E US	LO	T 5	37H TERRA		
,				,			
Current Mailing Address:				New Mailing Address:			
LOT 16				5760 SW 18TH TERRACE LOT 5			
BUSHNEL	L, FL 33513	US	BU	SHNELL	, FL 33513	B US	
FEI Number:	: 59-3003562	FEI Number Applied For ()	FEI Number	Not Applic	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
TRUTBAUER, CONSTANCE 5760 SW 18TH TERR LOT 16				RAYMOND, LINDA K 5760 SW 18TH TERR LOT 5			
BUSHNEL	L, FL 33513 L	JS	BU	SHNELL	, FL 33513	S US	
	named entity s e of Florida.	submits this statement for the p	purpose of ch	anging its	s registered	d office or registered agent, or both,	
SIGNATURE: LINDA RAYMOND				01/08/2009			
	Electron	ic Signature of Registered Ag	ent			Date	
OFFICERS	S AND DIREC	TORS:	AD	DITIONS	S/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () CLAY, PAUL 5760 SW 18TH BUSHNELL, FL					() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () GADDIS, HOW/ 5760 SW 18TH BUSHNELL, FL	TERR, LOT 29				() Change () Addition	
Title: Name: Address: City-St-Zip:	RICE, HARRY L	TERRACE LOT 30				() Change () Addition	
Title: Name: Address: City-St-Zip:	T () FELMETEN, KA 5760 SW 18TH BUSHNELL, FL	TER, LOT 28			${\sf FELMETEN},$	TH TER, LOT 5	
Title: Name: Address: City-St-Zip:	TRUTBAUER, C	TERRACE, LOT 16			RAYMOND, I	TH TERRACE, LOT 5	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD GADDIS PD 01/08/2009