2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State
05-08-2008 90017 008 ****61.25

DOCUMENT # N32549

1. Entity Name

TROPICAL FRUIT & VEGETABLE SOCIETY OF THE REDLAND, INC.

Principal Place of Business	Mailing Address
24801 SW 187 AVE HOMESTEAD FL 33031	24801 SW 187 AVE HOMESTEAD FL 33031

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2527607 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROBINSKY, BRENT L.
~~9350 S. DIXIE HWY~~
~~SUITE 940~~
~~MIAMI FL 33156~~
3414 MAGIC OAK LANE,
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008
CHECK # 2324

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D GORDON, PENELOPE 21695 S W320 STREET HOMESTEAD FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROMNEY, DAVID 26021 S.W. 199 AVE HOMESTEAD FL 33031	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, LEILA 26001 SW 183 COURT HOMESTEAD FL 33031-1805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHAFIN, DON 24401 S.W. 197 AVE HOMESTEAD FL 33031	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, PEGGY 29855 S.W. 187TH AVE HOMESTEAD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAWKINS, RICHARD P.O. BOX 106 KEY WEST FL 33041	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLLINS, JEAN 20201 SW 187 AVENUE MIAMI FL 33187	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREIRE, FERNANDO 369 S.W. 19 ROAD MIAMI FL 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ D CONDON, WARREN 11345 SW 57 TERRACE MIAMI FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'DEA, MICHAEL 7960 S.W. 135 ST. PINECREST FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ D HAKANSON, CAROL 23300 SW 153RD AVE HOMESTEAD FL 33032	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOFTUS, WILLIAM 1759 N.W. 20 ST. HOMESTEAD FL 33030	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David H. Romney DAVID H. ROMNEY 4-15-8 (305) 247-7479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR