

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:21

DOCUMENT # 727640 (5)
1. Corporation Name
RANDOLPH FARMS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2753 S. R. 580 #207 2753 S. R. 580 #207
CLEARWATER FL 34621 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1973** 3a. Date of Last Report **02/18/1994**
4. FEI Number **59-1684966** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 29 Country 30 Zip Country

9. Name and Address of Current Registered Agent
**PROGRESSIVE MANAGEMENT, INC.
2753 S. R. 580 #207
C/O MAUREEN REARDON
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PLOCH, CARL 13300 INDIAN ROCKS RD 1203 LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GIUFFRE, JOE 13300 INDIAN ROCKS RD #704 LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GUTHRIE, ROBERT 13300 INDIAN ROCK RD. #1003 LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HORBERT, WALTER 13300 INDIANA ROCKS RD #602 CLEARWATER FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNHARDT, BILL 13300 INDIAN ROCKS RD. #306 LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEHRNS, DAVID 13300 INDIAN ROCKS RD #603 LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VOLODKA, GEORGE 13300 INDIAN ROCKS ROAD #204 LARGO FL 34644
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/D SMITH, MARY TANNER 13300 INDIAN ROCKS RD #1403 LARGO FL 34644
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GJERMUNDSON, GERRY 13300 INDIAN ROCKS RD #803 LARGO FL 34644
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DORFMAN, PAUL 13300 INDIAN ROCKS RD #1202 LARGO FL 34644

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: *[Signature]* **GEORGE H. VOLODKA, M.D.**
13300 INDIAN ROCKS ROAD UNIT 204
LARGO, FLORIDA 34644 **2/13/95 596/1854**