

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified 10/03/1973  
3a. Date of Last Report 02/14/1995  
4. FEI Number 59-1684966  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
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. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VOLODKA, GEORGE	
STREET ADDRESS	13300 INDIAN ROCKS ROAD #204	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GIUFFRE, JOE	
STREET ADDRESS	13300 INDIAN ROCKS RD #704	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, MARY TANNER	
STREET ADDRESS	13300 INDIAN ROCKS RD #1403	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HORBERT, WALTER	
STREET ADDRESS	13300 INDIANA ROCKS RD #602	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GJERMUNDSON, GERRY	
STREET ADDRESS	13300 INDIAN ROCKS RD #803	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEHRNS, DAVID	
STREET ADDRESS	13300 INDIAN ROCKS RD #603	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILDGRUBE, CHARLES E.	
1.3 STREET ADDRESS	P.O. BOX 4995	
1.4 CITY-ST-ZIP	CLEARWATER FL 34618	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FISHBACK, MARTIN	
2.3 STREET ADDRESS	13300 INDIAN ROCKS RD #1604	
2.4 CITY-ST-ZIP	LARGO FL 34644	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEVITO, JOHN	
3.3 STREET ADDRESS	13300 INDIAN ROCKS RD #102	
3.4 CITY-ST-ZIP	LARGO FL 34644	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OPITZ, REINHART	
4.3 STREET ADDRESS	13300 INDIAN ROCKS RD #406	
4.4 CITY-ST-ZIP	LARGO FL 34644	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DORFMAN, PAUL	
6.3 STREET ADDRESS	13300 INDIAN ROCKS RD #1202	
6.4 CITY-ST-ZIP	CLEARWATER FL 34616	

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 119.07(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 changed to on an attachment with an address.

SIGNATURE: *Charles E. Wildgrube* 1-24-96 813 596-8096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)