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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34621-3345

3. Date Incorporated or Qualified 10/03/1973  
3a. Date of Last Report 02/01/1996

2. Principal Place of Business  
21 1301 Seminole Blvd  
Suite, Apt. #, etc. #172  
City & State Largo FL  
Zip 33770 Country

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 Sterling Fin. Mgmt Inc  
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Seminole Blvd  
83 Suite #172  
84 City Largo FL 85 Zip Code 33770

11. Pursuant to the provisions of Sections 617.0503 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: *Darren Shaw* DARRIN SHAW 3/16/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	WILDGRUBE, CHARLES E.	
STREET ADDRESS	P.O. BOX 4995	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	FISHBACK, MARTIN	
STREET ADDRESS	13300 INDIAN ROCKS RD., #1604	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	DEVITO, JOHN	
STREET ADDRESS	13300 INDIAN ROCKS RD., #102	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/>
NAME	OPITZ, REINHART	
STREET ADDRESS	13300 INDIAN ROCKS RD., #406	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GJERMUNDSON, GERRY	
STREET ADDRESS	13300 INDIAN ROCKS RD #803	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/>
NAME	DORFMAN, PAUL	
STREET ADDRESS	13300 INDIAN ROCKS RD., #1202	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Delmar Spivey		
1.3 STREET ADDRESS	13300 Indian Rocks Road #103		
1.4 CITY-ST-ZIP	Largo FL 33774		
2.1 TITLE	30 VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	John Devito		
2.3 STREET ADDRESS	13300 Indian Rocks Rd #102		
2.4 CITY-ST-ZIP	Largo FL 33774		
3.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Edmund Duckett		
3.3 STREET ADDRESS	13300 Indian Rocks Road #1006		
3.4 CITY-ST-ZIP	Largo FL 33774		
4.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Teri Lyons		
4.3 STREET ADDRESS	13300 Indian Rocks Road #1603		
4.4 CITY-ST-ZIP	Largo FL 33774		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Jack Wice		
5.3 STREET ADDRESS	13300 Indian Rocks Road #101		
5.4 CITY-ST-ZIP	Largo FL 33774		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.  
SIGNATURE: *Delmar Spivey* 17 MAR 97 (813) 593-9288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087388

CR2E037 (9/96)