

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 748694 (7)
1. Corporation Name
REDINGTON PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 16330 GULF BLVD, REDINGTON BCH FL 33708, US
Mailing Address: 103 SW CLEVELAND AVE, LARGO FL 34640, US

3. Date Incorporated or Qualified: 08/29/1979
3a. Date of Last Report: 03/24/1995
4. FEI Number: 59-1974488
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINHARDT, ROBERT
% RESOURCE PROPERTY MANAGEMENT
103 SW CLEVELAND AVE
LARGO FL 34640

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: HARVEY, CHARLES	1.1 TITLE: D.V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7823 NIAGARA AVE	CITY-ST-ZIP: TAMPA FL	1.2 NAME:	
TITLE: D	NAME: NELSON, ROBT	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1201 5TH AVE N #207	CITY-ST-ZIP: ST PETERSBURG FL	2.2 NAME:	
TITLE: STD	NAME: SMITH, GRACE ANN	2.3 STREET ADDRESS:	
STREET ADDRESS: 16330 GULF BLVD #202	CITY-ST-ZIP: REDINGTON BEACH FL	2.4 CITY-ST-ZIP:	
TITLE: PD	NAME: GAYOSO, ANTONIO	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2656 ELLEN ROAD	CITY-ST-ZIP: BELLEMORE NY	3.2 NAME:	
TITLE: VPD	NAME: LABARBERA, JOE	3.3 STREET ADDRESS:	
STREET ADDRESS: 2279 SEMINOLE BCH. RD #4	CITY-ST-ZIP: ATLANTIC BCH. FL	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE: Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME: John Fleming	
TITLE:	NAME:	6.3 STREET ADDRESS: 3038 Wister Circle	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP: Valrico FL 33594	

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, or on an attachment with an address.

SIGNATURE: _____ DATE: 3/18/96

CR2E037 (12/95)