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**Feb 17 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 # 748694 (7)
1. Corporation Name
REDINGTON PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**16330 GULF BLVD
REDINGTON BCH FL 33708
US** **103 SW CLEVELAND AVE
LARGO FL 33770-3604
US**

3. Date Incorporated or Qualified **08/29/1979** 3a. Date of Last Report **03/26/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1974488** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

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

24 Zip Country 25 Country 29 Zip Country 30 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) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HARVEY, CHARLES	
STREET ADDRESS	7823 NIAGARA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, ROBT	
STREET ADDRESS	1201 5TH AVE N #207	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GRACE ANN	
STREET ADDRESS	16330 GULF BLVD #202	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAYOSO, ANTONIO	
STREET ADDRESS	2656 ELLEN ROAD	
CITY-ST-ZIP	BELLEMORE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LABARBERA, JOE	
STREET ADDRESS	2279 SEMINOLE BCH. RD #4	
CITY-ST-ZIP	ATLANTIC BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEMING, JOHN	
STREET ADDRESS	3038 WISTER CIRCLE	
CITY-ST-ZIP	VALRICO FL	

1.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3301 Bayshore Blvd # 1002	
1.4 CITY-ST-ZIP	TAMPA, FL 33629	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	Treasurer / Sec. / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *X Charles Harvey* **REQUIRED** Date **2/5/97** Daytime Phone # **8138376448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)