2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 748694

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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REDINGTON PLACE CONDOMINIUM ASSOCIATION, INC.

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

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90089 044 ****61.25



3. Date Incorporated or Qualifed

5 Cortificate of Status Desired

08/29/1979

~59-1974488

23		28				"		si diodio di Oloro	2 2 2 3 3 3	_	F	ee Req	uired
Zip	Country 25	Zip	30	Country		6		ection Campaign	_			.00 A	,
24	9. Name and Address of Curr	11		''		10	0. Na	ame and Addre	ss of New I	Registered	Agent		
-	o. Hamo and Hodioos of Call	<u> </u>		81	Name								
REINHARI	ot, robert			82	Stree	t Address ((P.O.	Box Number is	Not Accept	able)			
	RCE PROPERTY MANAGEMEN	ıτ											
	LEVELAND AVE	•		83									
LARGO FL				84	City						85	Zip C	ode
										<u>FL</u>	.	<u> </u>	
office or r	to the provisions of Sections 617.0 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida.Such	change was auth	orized by	tne cor	d corporation s t	ion su board	ubmits this states d of directors. I h	ment for the sereby acce	purpose of pt the appoi	changi ntment	ng its r as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered a	mont and title if applicable	(NOTE: Re	nietered Anen	t sidnatur	required when	n reinst	tation)		DATE			
12.		AND DIRECTORS	(NOTE: NO	13.	· o-g-lotary			DITIONS/CHANG	GES TO OF	FICERS AN	ID DIR	ECTOF	IS IN 12
TITLE	D		☐ DELETE	1.1 TITLE		Vice	R	tesident/	Dreck	_	□ ef	ange	☐ Addition
NAME	HARVEY, CHARLES			1.2 NAME									
STREET ADDRESS		02		1.3 STREET	ADDRES	sĺ							
CITY-ST-ZIP	TAMPA FL			1.4 CITY-S	r-ZIP	[
TITLE	D		☐ DELETE	2.1 TITLE							CH	ange	Addition
NAME	NELSON, ROBT			2.2 NAME									
STREET ADDRESS	l'''''			2.3 STREET	ADDRES	s							
CITY-ST-ZIP	ST PETERSBURG FL			2.4 CITY-S	T-ZIP								
TITLE	STD		☐ DELETE	3.1 TITLE	_						Ch	ange	☐ Addition
NAME	GAYOSO, ANTONIO			3.2 NAME									
STREET ADDRESS	1 *** * * * * * * * * * * * * * * * * *			3.3 STREET	ADDRES	s							
CITY-ST-ZIP	BELLEMORE NY			3.4. CITY-S	T-ZIP								
TITLE	D		☐ DELETE	4.1 TITLE		Ì					□ Cł	nange	Addition Addition
NAME	LABARBERA, JOE			4. 2 NAME		1							
STREET ADDRESS	2279 SEMINOLE BCH. RD #4	l		4.3 STREET	ADDRES	S							
CITY-ST-ZIP	ATLANTIC BCH. FL			4.4 CITY-S	T-ZIP	<u> </u>							
TITLE	PD		☐ DELETE	5.1 TITLE							□ cı	nange	☐ Addition
NAME	FLEMING, JOHN			5.2 NAME									
STREET ADDRESS				5.3 STREET		S							
CITY-ST-ZIP	VALRICO FL			5.4 CITY-S	T-ZIP	 							<u> </u>
TITLE .			☐ DELETE	6.1 TITLE							□ Ct	nange	Addition
NAME				6.2 NAME		_							
STREET ADDRESS	l			6.3 STREE	ADDRES	S							

I 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 comporation of 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 chantian, error an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

Applied For

\$8.75 Additional

Not Applicable