

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748694

1. Entity Name

REDINGTON PLACE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90039 018 ****61.25

Principal Place of Business

Mailing Address

16330 GULF BLVD
 REDINGTON BCH FL 33708
 US

103 SW CLEVELAND AVE
 LARGO FL 33770-3604
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1974488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINHARDT, ROBERT
 % RESOURCE PROPERTY MANAGEMENT
 103 SW CLEVELAND AVE
 LARGO FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD
 NAME: HARVEY, CHARLES
 STREET ADDRESS: 3301 BAYSHORE BLVD., #1002
 CITY-ST-ZIP: TAMPA FL

TITLE: Director/President
 NAME: Charles M. Harvey
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D
 NAME: NELSON, ROBT
 STREET ADDRESS: 1201 5TH AVE N #207
 CITY-ST-ZIP: ST PETERSBURG FL

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: STD
 NAME: GAYOSO, ANTONIO
 STREET ADDRESS: 2656 ELLEN ROAD
 CITY-ST-ZIP: BELLEMORE NY

TITLE: Director/Treasurer
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D
 NAME: LABARBERA, JOE
 STREET ADDRESS: 2279 SEMINOLE BCH. RD #4
 CITY-ST-ZIP: ATLANTIC BCH. FL

TITLE: Director/Secretary
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: PD
 NAME: FLEMING, JOHN
 STREET ADDRESS: 3038 WISTER CIRCLE
 CITY-ST-ZIP: VALRICO FL

TITLE: Director/Vice President
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Director
 NAME: Mike Schuyler
 STREET ADDRESS: 13524 Lake Magdalene
 CITY-ST-ZIP: Tampa, FL 33613
 Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

8138376456
 Daytime Phone #

CR2E037 (9/99)