

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8: 27

**DOCUMENT # 758397 (4)**

1. Corporation Name  
**RUSSELLWOOD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**714 OAKGROVE DRIVE, SUITE B  
BRANDON FL 33510**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/18/1981** 3a. Date of Last Report **04/18/1994**  
4. FEI Number **59-2176212** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**ANCHOR PROPERTY MGMT INC  
5519-B HANLEY RD  
TAMPA FL 33634**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>BREW, JOHN</b>
STREET ADDRESS	<b>122 KINGS AVE #203</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	<b>TD</b>
NAME	<b>DELAPAZ, MARY</b>
STREET ADDRESS	<b>108 CLOCKTOWER DR #164</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	<b>SD</b>
NAME	<b>GUGGINO, ANGELA</b>
STREET ADDRESS	<b>808 OAKGROVE DR #251</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Ralph Buffone</b>
1.3 STREET ADDRESS	<b>703 Russell Lane, #106</b>
1.4 CITY-ST-ZIP	<b>Brandon, Fl 33510</b>
2.1 TITLE	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Genny Tabor</b>
2.3 STREET ADDRESS	<b>808 Oakgrove Drive, #165</b>
2.4 CITY-ST-ZIP	<b>Brandon, Fl 33510</b>
3.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Joyce Swackhammer</b>
3.3 STREET ADDRESS	<b>847 Greenbelt Circle</b>
3.4 CITY-ST-ZIP	<b>Brandon, Fl 33510</b>
4.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Arlene Tomko</b>
4.3 STREET ADDRESS	<b>705 Russell Lane #108</b>
4.4 CITY-ST-ZIP	<b>Brandon Fl 33510</b>
5.1 TITLE	<b>A/T /D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Stella Barillari</b>
5.3 STREET ADDRESS	<b>712 Oakgrove Dr. #231</b>
5.4 CITY-ST-ZIP	<b>Brandon, Fl 33510</b>
6.1 TITLE	<input 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arlene Tomko Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: April 25, 1995  
681-2295

**REMITTED BY MAY 1**