

**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 # 758397 (4)**

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



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

3. Date Incorporated or Qualified: **05/18/1981**  
3a. Date of Last Report: **05/01/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ANCHOR PROPERTY MGMT INC  
5519-B HANLEY RD  
TAMPA FL 33634**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 re-registering)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUFFONE, RALPH	
STREET ADDRESS	703 RUSSELL LANE 106	
CITY-ST-ZIP	BRANDON FL	
TITLE	<del>VP Secy</del>	<input type="checkbox"/> DELETE
NAME	TABOR, GENNY	
STREET ADDRESS	808 OAKGROVE DR 165	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SWACKHAMMER, JOYCE	
STREET ADDRESS	847 GREENBELT CIRCLE	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOMKO, ARLENE	
STREET ADDRESS	705 RUSSELL LANE 108	
CITY-ST-ZIP	BRANDON FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	BARILLARIM STELLA	
STREET ADDRESS	712 OAKGROVE DR 231	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	JANNETT SHAFER
24 CITY-ST-ZIP	714 OAKGROVE DR #A BRANDON, FL 33510
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ATD
53 STREET ADDRESS	CARL BARKER
54 CITY-ST-ZIP	801 RUSSELL LANE #253 BRANDON, FL 33510
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *[Handwritten Signature]* DATE: **3/28/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)