

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/18/1981		
4. FEI Number 59-2176212	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF
 33 N. GARDEN AVE. STE. 960
 CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	PD	1.1 TITLE	PD
NAME	SMITH, LARRY D	1.2 NAME	Barker, Carl
STREET ADDRESS	108 CLOCKTOWER DR.	1.3 STREET ADDRESS	108 Clocktower Dr., #163
CITY-ST-ZIP	BRANDON FL 33510	1.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	VPD	2.1 TITLE	VPD
NAME	BARKER, CARL	2.2 NAME	Lucius Hamlin, Jr.
STREET ADDRESS	108 CLOCKTOWER DR.	2.3 STREET ADDRESS	709 Russell Lane, #223
CITY-ST-ZIP	BRANDON FL 33510	2.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	SD	3.1 TITLE	VPD
NAME	BRAGG, JAMES	3.2 NAME	Ronald Ellenburg
STREET ADDRESS	108 CLOCKTOWER DR.	3.3 STREET ADDRESS	809 Russell Lane #194
CITY-ST-ZIP	BRANDON FL 33510	3.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	TD	4.1 TITLE	Sec
NAME	FRAZIER, CHRIS	4.2 NAME	M. W. Miles, Jr.
STREET ADDRESS	703 RUSSELL LANE #211	4.3 STREET ADDRESS	809 Russell Lane #281
CITY-ST-ZIP	BRANDON FL 33510	4.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE		5.1 TITLE	Treas
NAME		5.2 NAME	Janet Schaefer
STREET ADDRESS		5.3 STREET ADDRESS	714 Oakgrove Dr. Ste A
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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: *Janet Schaefer* Treasurer

CFR2037 (10/97)