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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 758397

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 7628 N. 56TH STREET

27 SUITE 8

28 TAMPA, FL

29 33617 30 US

3. Date Incorporated or Qualified

05/18/1981

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

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 WILLIAM C. SPIVEY
 82 Street Address (P.O. Box Number is Not Acceptable) 7628 N. 56TH STREET
 83 SUITE 8
 84 City TAMPA FL 85 Zip Code 33617

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

Lucius M Hamlin Jr LUCIUS M HAMLIN JR, TREASURER 4-12-99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BARKER, CARL | |
| STREET ADDRESS | 108 CLOCKTOWER DR, #163 | |
| CITY-ST-ZIP | BRANDON FL 33510 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | HAMLIN, JR LUCIUS | |
| STREET ADDRESS | 709 RUSSELL LANE, #223 | |
| CITY-ST-ZIP | BRANDON FL 33510 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | ELLENBURG, RONALD | |
| STREET ADDRESS | 809 RUSSELL LANE #194 | |
| CITY-ST-ZIP | BRANDON FL 33510 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | MILES, JR M W | |
| STREET ADDRESS | 809 RUSSELL LANE, #231 | |
| CITY-ST-ZIP | BRANDON FL 33510 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHAFFER, JANET | |
| STREET ADDRESS | 714 OAKGROVE DR, STE A | |
| CITY-ST-ZIP | BRANDON FL 33510 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BARKER, CARL | |
| 1.3 STREET ADDRESS | 714 DANES HALL DR | |
| 1.4 CITY-ST-ZIP | LOUISVILLE, KY 40206 | |
| 2.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | HAMLIN, JR. LUCIUS | |
| 2.3 STREET ADDRESS | 709 RUSSELL LANE #223 | |
| 2.4 CITY-ST-ZIP | BRANDON, FL 33510 | |
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ELLENBURG, RONALD | |
| 3.3 STREET ADDRESS | 809 RUSSELL LANE # 194 | |
| 3.4 CITY-ST-ZIP | BRANDON, FL 33510 | |
| 4.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | DONAN, MADELINE M. | |
| 4.3 STREET ADDRESS | 122 N. KINGS AVE # 101 | |
| 4.4 CITY-ST-ZIP | BRANDON, FL 33510 | |
| 5.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | TETA, ANTHONY P. | |
| 5.3 STREET ADDRESS | 801 RUSSELL LANE # 254 | |
| 5.4 CITY-ST-ZIP | BRANDON, FL 33510 | |
| 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 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, with all other like empowered.

SIGNATURE:

William C Spivey SIGNATURE REQUIRED

4/12/99

(813) 654 1024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037-(11/98)