

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758397

1. Entity Name
RUSSELLWOOD CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90110 006 ****70.00

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

Mailing Address
7628 N. 56TH STREET
SUITE 8
TAMPA, FL 33617-7732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2176212		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SPIVEY, WILLIAM C 7628 N. 56TH STREET TAMPA FL 33617				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 _____ (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	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKER, CARL		NAME	JOYCE SWACK HAMMER	
STREET ADDRESS	714 DANES HALL DR.		STREET ADDRESS	107 CADDWELL DR #303	
CITY-ST-ZIP	LOUISVILLE KY 40206		CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMLIN, LUCIUS JR		NAME	WILL BEAUCHAMP	
STREET ADDRESS	709 RUSSELL LANE #223		STREET ADDRESS	809 RUSSELL LN #316	
CITY-ST-ZIP	BRANDON FL 33510		CITY-ST-ZIP	BRANDON FL 33510	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLENBURG, RONALD		NAME	ANGELA GUGGINO	
STREET ADDRESS	809 RUSSELL LANE #194		STREET ADDRESS	802 OAKGROVE #251	
CITY-ST-ZIP	BRANDON FL 33510		CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAN, MADELINE M		NAME		
STREET ADDRESS	122 N.KINGS AVE #101		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33510		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETA, ANTHONY P		NAME		
STREET ADDRESS	801 RUSSELL LANE #254		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33510		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Joyce Swack Hammer* **JOYCE SWACKHAMMER** 3/29/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)