

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90213 026 \*\*\*\*70.00

**DOCUMENT # 758397**

1. Entity Name -

**RUSSELLWOOD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**714 OAKGROVE DRIVE, SUITE B  
 BRANDON FL 33510**

**16105 N FLORIDA  
 STE A  
 LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2176212**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIVEY, WILLIAM C.  
 13105 N FLORIDA  
 STE A  
 LUTZ FL 33549**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **PD**  Delete  
 NAME **SWACKHAMMER, JOYCE**  
 STREET ADDRESS **107 CALDWELL DR #303**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **VPD**  Change  Addition  
 NAME **RAFAEL SERRANO**  
 STREET ADDRESS **802 OAKGROVE #248**  
 CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **TD**  Delete  
 NAME **GUGGINO, ANGELA**  
 STREET ADDRESS **802 OAKGROVE #251**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **PD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **1VPS**  Delete  
 NAME **DONAN, MADELINE M**  
 STREET ADDRESS **122 N.KINGS AVE #101**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **VPD**  Change  Addition  
 NAME **BEN OSTROWSKY**  
 STREET ADDRESS **107 CALDWELL #181**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **2VP**  Delete  
 NAME **TETA, ANTHONY P**  
 STREET ADDRESS **801 RUSSELL LANE #254**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE **D**  Delete  
 NAME **GRASSO, LUCY**  
 STREET ADDRESS **810 OAK GROVE DRIVE #284**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **TD**  Change  Addition  
 NAME **Lucy Grasso**  
 STREET ADDRESS **810 oakgrove dr #284**  
 CITY-ST-ZIP **Brandon FL 33510**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete  Change  Addition

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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/29/02** (813) 968-5665 ext 23  
 Daytime Phone #

CR2E037 (9/01)