

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90031 012 ****70.00

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1. Entity Name

RUSSELLWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-2176212

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, ROGER 716 OAKGROVE DR., #236 BRANDON FL 33510	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUGGINO, ANGELA 802 OAKGROVE #251 BRANDON FL 33510	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSTROWSKY, BEN 107 CALDWELL #181 BRANDON FL 33510	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRASSO, LUCY 810 OAKGROVE DR. #284 BRANDON FL 33510	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTHERS, DAVID 108 CLOCKTOWER DR., #158 BRANDON FL 33510	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD CIAVARELLA, ANGELO 6103 HAVEN OAK TAMPA FL 33619	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARAPELLA, ALBERT 108 CLOCKTOWER 273 BRANDON FL 33510	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

WILLIAM C SPIVEY, AGENT 3-9-04

813 968 5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #