

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90063 050 ****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

03042005 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

Name **STEVEN MEZER**

Street Address (P.O. Box Number is Not Acceptable)
220 S. FRANKLIN

City **TAMPA**

FL

Zip Code **33602**

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

STEVEN H. MEZER 3/17/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **TD** ☒ Delete
NAME **CIAVARELLA, ANGELO**
STREET ADDRESS **6103 HAVEN OAK**
CITY-ST-ZIP **TAMPA, FL 33619**

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

TITLE **D** ☐ Delete
NAME **CARAPPELLA, ALBERT**
STREET ADDRESS **108 CLOCKTOWER 273**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **SD** ☐ Delete
NAME **GRASSO, LUCY**
STREET ADDRESS **810 OAKGROVE DR. #284**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **VD** ☒ Delete
NAME **CROTHERS, DAVID**
STREET ADDRESS **108 CLOCKTOWER DR., #158**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **BOSWELL, MARGARET**
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **SD** ☐ Change ☒ Addition
NAME **ROBERTS, JR, ROGER**
STREET ADDRESS **16105 N. FLORIDA #A**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lucy Grasso 3/22/05