


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90055 019 ****61.25

DOCUMENT # 758397					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2176212	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) 1801 N. Highland Ave 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSWELL, MARGARET 16105 N. FLORIDA #A LUTZ, FL 33549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROTHER, ANITA 16105 N FLORIDA #A LUTZ, FL 33549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAUREEN FITZPATRICK 16105 N Florida Ave #A LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, ROGER JR 16105 N FLORIDA # A LUTZ, FL 33549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIENE SCHLANGEN 16105 N-Florida Ave #A LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Margaret Boswell, Inc. MARGARET BOSWELL			4/4/08 813968565 Daytime Phone #		