

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758397

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** RUSSELLWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

714 OAKGROVE DRIVE, SUITE B  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

16105 N FLORIDA  
STE A  
LUTZ, FL 33549

**New Mailing Address:**

FEI Number: 59-2176212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEZER, STEVEN  
1801 N. HIGHLAND AVE.  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

MEZER, STEVEN  
1801 N. HIGHLAND AVE.  
TAMPA, FL 33602 US

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: STEVEN MEZER

03/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOSWELL, MARGARET  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete  
Name: FITZPATRICK, MAUREEN  
Address: 16105 N FLORIDA AVE #A  
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete  
Name: SCHLANGEN, MARIENE  
Address: 16105 N. FLORIDA AVE #A  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SCHLANGEN, MARLENE  
Address: 16105 N. FLORIDA AVE #A  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET BOSWELL

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date