

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727640

**Entity Name:** RANDOLPH FARMS I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**FEI Number:** 59-1684966

**Certificate of Status Desired:** No

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

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PRES  
Name HAMLETT, LYNDA  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title VP  
Name TONANDER, LARRY  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title TREA  
Name BUYSE, RUSS  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title SECRETARY  
Name BURNS, PAM  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title D  
Name MOGLE, ROGER  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name RANIERI, MARK  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name STRANSKY, JOHN  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYNDA HAMLETT

**PRESIDENT**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date