

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748694

FILED
Mar 14, 2011
Secretary of State

Entity Name: REDINGTON PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5901 SUN BLVD #103
SANIT PETERSBURG, FL 33715 US

New Principal Place of Business:

5901 SUN BLVD #103
ST PETERSBURG, FL 33715 US

Current Mailing Address:

C/O RESOURCE PROPERTY MGMT
5901 SUN BLVD SUITE #103
ST PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 59-1974488 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD SUITE #200
ST PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MATAACCHIERO, ROBERT
Address: 5901 SUN BLVD #103
City-St-Zip: SAINT PETERSBURG, FL 33715 US

Title: VP
Name: GAYOSO, TONY
Address: 5901 SUN BLVD #103
City-St-Zip: SAINT PETERSBURG, NY 33715 US

Title: S
Name: LABARBERA, GERALD
Address: 5901 SUN BLVD #103
City-St-Zip: SAINT PETERSBURG, FL 33715 US

Title: T
Name: SAVINO, NICK
Address: 5901 SUN BLVD #103
City-St-Zip: SAINT PETERSBURG, NJ 33715 US

Title: D
Name: SCHUYLER, LINDA
Address: 5901 SUN BLVD #103
City-St-Zip: SAINT PETERSBURG, FL 33715 US

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: LOEY ANTONUCCI

MGR

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date