


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90162 037 \*\*\*\*61.25

**DOCUMENT # 770534**

1. Entity Name  
**REDWOOD EXECUTIVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>19842 GULF BLVD.          INDIAN ROCKS BEACH, FL 33785</b>	Mailing Address <b>PO BOX 320236          TAMPA, FL 33679</b>
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**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2363674</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DRISCOLL, GAIL B  
 5700 MARINER ST., #203  
 TAMPA, FL 33609**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMENS, LEE 313 DEER PARK TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, ANNA 601 ASHCROFT DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT HARDEN, BILLYE 309 S. ORLEANS AVE. TAMPA, FL 336062137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT DRISCOLL, GAIL 5700 MARINER ST, #203 TAMPA, FL 336093418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Gail B. Driscoll* **3-5-05** **813 286 2326**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #