



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 770534 1. Entity Name REDWOOD EXECUTIVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 19842 GULF BLVD. INDIAN ROCKS BEACH, FL 33785	Mailing Address PO BOX 320236 TAMPA, FL 33679
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DO NOT WRITE IN THIS SPACE

	
02052008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2363674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRISCOLL, GAIL B
 4305 SPINNAKER COVE LANE
 TAMPA, FL 33615**

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 _____ (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. **\$5.00** May Be Added to Fees

000000921230
 02/19/08-80019-021 61.25

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 4305 SPINNAKER COVE LANE TAMPA, FL 33615
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 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: Gail B. Driscoll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____