

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770534

FILED
Jan 15, 2009
Secretary of State

Entity Name: REDWOOD EXECUTIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19842 GULF BLVD.
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

PO BOX 320236
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-2363674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRISCOLL, GAIL B
4305 SPINNAKER COVE LANE
TAMPA, FL 33615 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: PD () Delete
Name: CLEMENS, LEE
Address: 313 DEER PARK
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: SD () Delete
Name: DAVIS, ANNA
Address: 601 ASHCROFT DR
City-St-Zip: BRANDON, FL

Title: CT () Delete
Name: HARDEN, BILLYE
Address: 309 S. ORLEANS AVE.
City-St-Zip: TAMPA, FL 336062137

Title: CT () Delete
Name: DRISCOLL, GAIL
Address: 4305 SPINNAKER COVE LANE
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP () Change (X) Addition
Name: GRILLO, AL
Address: 8304 PAT BLVD
City-St-Zip: TAMPA, FL 33615

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: GAIL B. DRISCOLL

Electronic Signature of Signing Officer or Director

CT

01/15/2009

Date