

2002 UNIFORM BUSINESS REPORT (UBR)

1/31

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90031 020 ****70.00

DOCUMENT # NO1000001418

1. Entity Name

RANDALL TERRACE ASSOCIATION, INC. A CONDOMINIUM

Principal Place of Business 2835 NE 28 AVE LIGHTHOUSE POINT FL 33064	Mailing Address 2835 NE 28 AVE LIGHTHOUSE POINT FL 33064
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72219



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1102734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM F
 2211 E SAMPLE RD, STE 204
 PROFESSIONAL BLDG
 LIGHTHOUSE FL 33064

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P-D	<input type="checkbox"/> Delete
NAME	JUCHNEWICZ, EDWARD	
STREET ADDRESS	2835 NE 28 AVE, UNIT 7	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	T	<input type="checkbox"/> Delete
NAME	GHEE, JOHN D	
STREET ADDRESS	2835 NE 28 AVE, UNIT 7	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'HARA, JUDY	
STREET ADDRESS	2835 NE 28 AVE, UNIT 7	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHEE, JOHN D.	
STREET ADDRESS	2835 N.E. 28 AVE. UNIT 6	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, JUDY	
STREET ADDRESS	2835 N.E. 28 AVE. UNIT 2	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Edward Juchnewicz* **EDWARD JUCHNEWICZ** 1-14-02 954-783-4528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (9/01)