
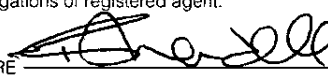
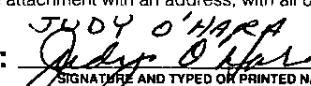


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90018 050 \*\*\*\*61.25

<b>DOCUMENT # N01000001418</b>					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1102734	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		MOORE CR2E037 (11/03)			
Not Applicable					
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: <u>Shendell &amp; Associates, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>3650 North Federal Highway, Suite 202</u> City: <u>Lighthouse Point</u> FL Zip Code: <u>33064</u>		
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: 		Tamar Shendell, President		2-4-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUCHNEWICZ, EDWARD		NAME	JACK, ROBERT	
STREET ADDRESS	2835 NE 28 AVE, UNIT 7		STREET ADDRESS	NORTH GREEN VALLEY PKWY # 356	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	HENDERSON, NEVADA. 89015	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUCHNEWICZ, JUNE		NAME		
STREET ADDRESS	2835 NE 28TH AVE #7		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, JUDY		NAME		
STREET ADDRESS	2835 NE 28TH AVE #2		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		JUDY O'HARA		3/15/04 954-782-4572	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	