


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90065 002 \*\*\*\*70.00

<b>DOCUMENT # N01000001418</b>					
1. Entity Name <b>RANDALL TERRACE ASSOCIATION, INC. A CONDOMINIUM</b>					
Principal Place of Business <b>2835 NE 28 AVE LIGHTHOUSE POINT FL 33064</b>		Mailing Address <b>2835 NE 28 AVE LIGHTHOUSE POINT FL 33064</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1102734</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>SHENDELL &amp; ASSOCIATES, P.A. 3650 NORTH FEDERAL HWY., STE 202 LIGHTHOUSE POINT FL 33064</del>			7. Name and Address of New Registered Agent		
			Name <b>Thomas J. Tighe, Esq.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>800 E. Broward Blvd # 710</b>		
			City <b>Fort Lauderdale</b> FL Zip Code <b>33301</b>		
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 <i>Thomas J. Tighe</i>		Date <b>1/26/05</b>			
SIGNATURE		Date			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
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	JACK, ROBERT		NAME	Lesnick, Howard	
STREET ADDRESS	NORTH GREEN VALLEY PKWY, #356		STREET ADDRESS	2835 NE 28th Avenue #8	
CITY-ST-ZIP	HENDERSON NV 89015		CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUCHNEWICZ, JUNE		NAME	Veltri, John	
STREET ADDRESS	2835 NE 28TH AVE #7		STREET ADDRESS	241 Maxim Drive	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	Hopatecong, NJ 07843	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, JUDY		NAME	Feig, Deanna	
STREET ADDRESS	2835 NE 28TH AVE #2		STREET ADDRESS	2835 NE 28th Avenue #3	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Messina, James	
STREET ADDRESS			STREET ADDRESS	2955 S. Union Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Chicago, IL 60616	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Haywood, Elizabeth	
STREET ADDRESS			STREET ADDRESS	2316 NE 30th Court	
CITY-ST-ZIP			CITY-ST-ZIP	Lighthouse Point, FL 33064	
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: <i>Deanna Feig</i>		Deanna Feig STD		1/31/05 954-786-5254	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	