

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90027 033 ****61.25

DOCUMENT # N01000001418			
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 - No P.O. Box #		3. Mailing Address USA SERVICES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6915 TAFT ST	
City & State		City & State HOLLYWOOD FL	
Zip	Country	Zip	Country
		33024	USA
4. FEI Number 65-1102734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TIGHE, THOMAS J ESQ 800 EAST BROWARD BOULEVARD #710 FORT LAUDERDALE, FL 33301		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. 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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VP LESNICK, HOWARD 2835 NORTHEAST 28TH AVENUE #8 LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK JOHNSON 2835 NE 28th Avenue #1 Lighthouse Point, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELTRI, JOHN 241 MAXIM DRIVE HOPATCONG, NJ 07843 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Raymond Sweeney 155 Kendrick Avenue #210 Quincy, MA 02169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEIG, DEANNA 2835 NORTHEAST 28TH AVENUE #3 LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Messina 2955 S. Union Avenue Chicago, IL 60616 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, RAYMOND 155 KENDRICK AVE SUITE 210 QUINCY, MA 02169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judith O'Hara 2835 NE 28th Avenue #2 Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHSON, FRANK 2835 NE 28TH AVE SUITE 1 LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Deanna Feig Sec/ Treasurer</i>		Date: 4/30/07 Daytime Phone #: 954-786 5254	
DEANNA FEIG			