

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90247 049 ****61.25

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|--|-------------------------------|--|---|---|--|
| 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 USA SERVICES 6915 TAFT ST. HOLLYWOOD, FL 33024 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1102734 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 | | |
| | | | State: 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MESSINA, JAMES | | NAME | | |
| STREET ADDRESS | 2955 S. UNION AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPAN0 BEACH, FL 33064 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | O'HARA, JUDITH | | NAME | ELIZABETH HAYWOOD | |
| STREET ADDRESS | 2835 NE 28TH AVE. #2 | | STREET ADDRESS | 2316 NE 30th COURT | |
| CITY-ST-ZIP | POMPAN0 BEACH, FL 33064 | | CITY-ST-ZIP | LIGHTHOUSE POINT, FL 33064 | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FEIG, DEANNA | | NAME | | |
| STREET ADDRESS | 2835 NORTHEAST 28TH AVENUE #3 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LIGHTHOUSE POINT, FL 33064 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SWEENEY, RAYMOND | | NAME | | |
| STREET ADDRESS | 155 KENDRICK AVE SUITE 210 | | STREET ADDRESS | | |
| CITY-ST-ZIP | QUINCY, MA 02169 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JOHSON, FRANK | | NAME | | |
| STREET ADDRESS | 2835 NE 28TH AVE SUITE 1 | | 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 | | |
| 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: DEANNA FEIG, STD | | <i>Deanna Feig</i> | | Date: 4/29/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone #: 954-786-5254 | |