FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

(4)

RIO - MAR APARTMENTS INC

FILED Mar 02 1998 8:00am Secretary of State

2/23/98

9547824428

Principal Place of Business Mailing Address					r ingili ranji ndind sikil dinin jidi kidi kidi kidi	is didil alalı biasi gibil iddi
3232 CANAL DRIVE		3232 CANAL DRIVE		3. Date Incorporated or Qualified	3. Date Incorporated or Qualified	
P O BOX 5193 LIGHTHOUSE POINT FL 33074		P O BOX 5193 LIGHTHOUSE POINT FL 33074		01/12/1962		
00000.	0.11. 12 0.50.11	LIGHTHOUSE FORM TE 9307	•		4. FEI Number	Applied For
8 D 1 1 1 1	70.1				59-1031935	Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21 Suite, Apt	, #. etc.	Suite, Apt. #, etc.			B. Election Campaign Financing	Fee Required
22		27		Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowner		
		28			Yes No	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the cur	_ ' _ '
24	25 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
			81	Name		
FOLEY, GEORGE				Street Address (P.O. Box Number Is Not Acceptable)		
3232 CANAL DRIVE			82	Sireet	Address (P.O. Box Number is Not Acceptable)	
APT. 19			83			
POMPAI	NO BEACH FL 33062		84	City		85 Zip Code
					FL	, -
office or	registered agent, or both, in the State	of Florida. Such change was au	Ithorized by	the cor	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	changing its registered ointment as registered
agent. La	am familiar with, and accept the obliga	ations of, Section 617.0503, Flori	ida Statutes	3 .		•
SIGNATURE	Signature, typed or printed name of registered age	nl and litte if applicable (NOTE:	Registered Age	nulanaia Inc	e required when reinstating) DATE	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	BROWN, ELEANOR		1.2 NAME		!	
STREET ADDRESS	3232 CANAL DRIVE		1.3 STREET			
CITY-ST-ZIP TITLE	POMPANO BEACH, FL 00000			T-ZIP		Change Addition
NAME	FOLEY, GEORGE	btate	2.1 TITLE 2.2 NAME			
STREET ADDRESS	3232 CANAL DRIVE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 00000		2. 4 CITY-S		1	
TITLE	SD	DELETE	3.1 TITLE		SEC/TREASURER/DIRECTOR	Change Addition
NAME	WELSH, CAROLYN		3.2 NAME		, ,	
STREET ADDRESS	3232 CANAL DRIVE		3.3 STREET	address		
CITY-ST-ZIP	POMPANO BEACH, FL 00000	DELETE	3.4. CITY - S	ST-ZIP		Channa Daddislan
TITLE NAME	VPD	DELETE	4.1 TITLE 4.2 NAME			Change Addition
STREET ADDRESS	WHEELEY, MAURICE 3232 CANAL DR.		4.2 NAME	AUUBEGG		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-S			
TITLE	Vise	DELETE	5.1 TITLE			Change Addition
NAME	*** ***		52 NAME		SALLY FENDENTZ 3232 CANAL DR	
STREET ADDRESS			5.3 STREET	ADDRESS	3232 CANAL DR	
CITY-ST-ZIP			5.4 CiTY-S	T-ZIP	POMPANO BEACH PZ 330	62
TITLE		DELETE	6.1 TITLE		PLACETOL FRANK WAGNEL	Change Addition
NAME STREET ADDRESS			6.2 NAME		3232 CANAL DRIVE	
CITY-ST-ZIP			6.3 STREET 6.4 CITY-S		POMIANO BEACH IE 33062	
14. I hereby	L. certify that the information supplied w	ith this filing does not qualify for	the exemp	ion state	ed in Section 119 07(3)(i) Florida Statutes I further ce	rtify that the Information
indicated on this annual report or supplemental annual 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 cognitation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in						
Block 12	or Block 13 if changed, or on an attac	chmont with an address.			2/23/00	
I		1 - 1.0 11	/		~/2.7 /As a.	