2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #743182

FILED Mar 28, 2007 8:00 am Secretary of State 03-28-2007 90005 014 ****61.25

1. Entity Nam	e RY "B" C	ONDOMINIUM AS	SOCIATION	I, INC.							
Principal Place of Business 37 COVENTRY B WEST PALM BEACH, FL 33417 Mailing Address 2400 CENTREPARK W. DRIVE C/O SEACREST SERVICES, INC. WEST PALM BEACH, FL 33409					NC.		0043063 			i e 1 (i e e)	
Principal Place of Business - No P.O. Box # Mailing Address											
				Apt. #, etc.		03082007	Chg-NP	CR2E037 (12	(06)		
City & State			City & State			4. FEI Numb 59-164			- ' ' '	Applicable	
Zip	Country		Zip	Zip Country		5. Certificate	Certificate of Status Desired				
Name and Address of Current Registered Agent				nt	Name	7. Name an	Address of New	Registered Agent			
LUBERTO, PATRICIA 37 COVENTRY B WEST PALM BEACH, FL 33417						Street Address (P.O. Box Number is Not Acceptable)					
					- 6:						
The above named entity submits this statement for the purpose of changing its registerer					City	1		FL (Code		
the obligat	named entitions of regist	ty submits this statement to tered agent.	or the purpose of	changing its regi	istered office or reg	gistered agent, or bo	oth, in the State of F	lorida. I am família	with, a	ind accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) DATE											
	-			Election Campai Trust Fund Contr		\$5.00 May Added to Fee		Make check paya rida Department			
10.	Due by N		RECTORS	Trust Fund Contr	ribution. 11.	Added to Fee	Flo	erida Department	of Sta	10	
TITLE	Due by N	May 1, 2007 OFFICERS AND DI	RECTORS		11.	Added to Fee	Flo	rida Department	of Sta	ite	
	Due by N	OFFICERS AND DI	RECTORS	Trust Fund Contr	ribution. 11.	Added to Fee	Flo	erida Department	of Sta	10	
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indicated on this report or supplied with ritis filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07

561-615-3174

Daytime Phone # Date