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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 760795

1. Corporation Name

(5)

RIO DEL MAR CONDOMINIUM NO. NINETEEN ASSOCIATION INC.

FILED Apr 07 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address 400 PG PG HAD POAD					******			
123 RIO DEL MAR ROAD 123 RIO DEL MAR ROAD St augustine fl 32084 St augustine fl 3 2084-6 4			173					
					3. Date Incorporated or Qualified 11/23/1981	3a. Date	/04/199	aport 6
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 59-2473695			plied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 A	Additional
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zıp	Country	Zip	Coun	try	8. This corporation has liability for			199.032,
<u> </u>	25	29	30				No	
	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New Re	Sistered V	gent	
	***			Name				
NAU, EVAN D 123-B RIO DEL MAR ST AUGUSTINE FL 32084			Ē	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
				13			,	
SI AUGU	131INE FL 32004							
			[City		FL	 85 Z ip (Code
SIGNATURE.	£	agent and title if applicable. (NOT	E: Registered	Agent signature req	rulred when reinstating) ADDITIONS/CHANGES TO OFFICE	SATE CERS AND I		S IN 12
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NAME	NELSON, DONALD		1.2 NAM	16			-	
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STREET ADDRESS	123-A RIO DEL MAR			EET ADDRESS				
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14. I do 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 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

ME AND TYPED OR PRINTED NAME OP SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0001327