2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 760795 Mar 06, 2000 8:00 am **Secretary of State** RIO DEL MAR CONDOMINIUM NO. NINETEEN ASSOCIATION 03-06-2000 90114 018 ****61.25 Principal Place of Business Mailing Address 123 RIO DEL MAR ROAD 123 RIO DEL MAR ROAD ST AUGUSTINE FL 32084-6473 ST AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2473695 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NAU, EVAN D 123-B RIO DEL MAR ST AUGUSTINE FL 32084 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to · FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE ☐ Delete TITLE NELSON, DONALD NAME 123-A RIO DEL MAR STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete TITLE Change ☐ Addition TITI F NELSON, JEAN NAME NAME 123-A RIO DEL MAR STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAU, EVAN NAME NAME 123-B RIO DEL MAR STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE ODELL, RODNEY NAME NAME 123-C RIO DEL MAR STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL CITY-ST-7IP CiTY-ST-ZIP ☐ Change Addition Delete TITLE NAU, MARY NAME NAME 123-B RIO DEL MAR STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I 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 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

SIGNATURE:

changed, or on an attachment with an address, with

may 2, 2000