

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768366** (7)
1. Corporation Name
RIO DEL MAR CONDOMINIUM NO. ELEVEN ASSOCIATION I NC.



Principal Place of Business: **124-C RIO DEL MAR ST AUGUSTINE FL 32084**
Mailing Address: **C/O GARY WEEKS 8 SEVILLA ST. ST AUGUSTINE FL 32084 US**

3. Date incorporated or Qualified: **05/10/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 SAME**
2a. Mailing Address: **26 C/O BEVERLY MCGHEE FLETCHER**
Suite, Apt. #, etc.: **27 2365 MORMEN RD**
City & State: **28 JACK, FL**
Zip: **29 32259**

4. FEI Number: **59-2328451**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WEEKS, GARY R. 124-C RIO DEL MAR RD ST AUGUSTINE FL 32084 *← DELETE*

10. Name and Address of New Registered Agent
81 Name: **BEVERLY MCGHEE FLETCHER**
82 Street Address (P.O. Box Number is Not Acceptable): **2365 MORMEN RD**
83
84 City: **JACKSONVILLE** FL 85 Zip Code: **32259**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Beverly McGhee Fletcher* DATE: **6/1/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEEKS, GARY	
STREET ADDRESS	124-C RIO DEL MAR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCGHEE, BEVERLY	
STREET ADDRESS	124A RIO DEL MAR ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERRY, C. DENNIS	
STREET ADDRESS	124B RIO DEL MAR RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Barbara Manse</i>	
1.3 STREET ADDRESS	<i>48 Jubel Rd</i>	
1.4 CITY-ST-ZIP	<i>St. Augustine, FL 32084</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Beverly McGhee Fletcher* DATE: **6/1/96** DAYTIME PHONE #: **287-3138**

CR2E037 (12/95)