

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -4 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005652

1. Entity Name  
RIO VILLAS OF CORAL RIDGE  
CONDOMINIUM ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

500005822265--9  
-06/18/02--01072--016  
\*\*\*\*122.50 \*\*\*\*122.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2720 NE 15 Street  
Suite, Apt. #, etc.  
Ft Lauderdale, FL  
City & State

3. Mailing Address  
2720 NE 15th Street  
Suite, Apt. #, etc.  
Ft Lauderdale, FL  
City & State

4. FEI Number  
65-1077350

Applied For  
 Not Applicable

Zip  
33304

Country  
USA

Zip  
33304

Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
SANDY RUPP

Street Address (P.O. Box Number is Not Acceptable)  
2720 NE 15th Street #202

City  
Port Lauderdale

FL Zip Code  
33304

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	VACANT <i>AS TO 3003</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>112.50 - AR</i> <i>10.00 - AR ARTS</i>
TITLE VP/D NAME STREET ADDRESS CITY-ST-ZIP	Thomas Flannigan 2720 NE 15 Street #402 Ft Lauderdale, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Sandy Rupp 2720 NE 15 Street #401 Ft Lauderdale, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	Pat Kramer 2720 NE 15 Street #201 Ft Lauderdale, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Don Schaeffer 2720 NE 15 Street #303 Ft Lauderdale, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandy Rupp* 5/29/02 954/566-3237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)