

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90259 033 ****61.25



DOCUMENT # N96000004023

1. Entity Name

DEL RIO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1100 COLINS AVENUE
 MIAMI BEACH FL 33129

Mailing Address

~~C/O GALIANA MANAGEMENT~~
~~801 S.W. 3 AVE., #305~~
~~MIAMI FL 33130~~
~~US~~

2. Principal Place of Business

DEL RIO CONDOMINIUM

3. Mailing Address

1100 COLLINS AVE

Suite, Apt. #, etc.

P.H. FLOR. OFFICE

Suite, Apt. #, etc.

P.H. FLOR. OFFICE

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH

Zip

33139

Country

DADE

Zip

33139

Country

DADE



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0712521

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HAIM JEFFET PROS~~
~~GALIANA MANAGEMENT SERVICES, INC~~
~~801 S.W. 3 AVE., #305~~
~~MIAMI FL 33130~~
 DEL RIO CONDO ASS. INC.

7. Name and Address of New Registered Agent

Name: DEL RIO CONDOMINIUM ASSOCIATION, INC.
 Street Address (P.O. Box Number is Not Acceptable): 1100 COLLINS AVE P.H. FLOR OFFICE
 City: MIAMI BEACH FL Zip Code: 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

HAIM JEFFET PROS, DEL RIO CONDO ASS. INC. 2-28-05

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE:	ST	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, KARLA	
STREET ADDRESS	5931 SW 34 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KINGMAN, RALPH	
STREET ADDRESS	1 WEATHERBY DRIVE	
CITY-ST-ZIP	GREENVILLE SC 29615	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, SUZANNE	
STREET ADDRESS	43 TUNXIS RD	
CITY-ST-ZIP	WEST HARTFORD CT 06107	
TITLE	P.R.	<input type="checkbox"/> Delete
NAME	HAIM JEFFET - BEACH	
STREET ADDRESS	1106 COLLINS AVE MIAMI-	
CITY-ST-ZIP	FL- 33139 UNFCU #7	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HAIM JEFFET PROS 2-28-05 305-531-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #