
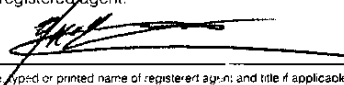
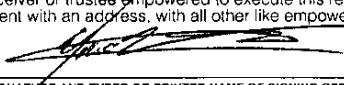


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90049 027 \*\*\*\*61.25

DOCUMENT # N96000004023			
1. Entity Name DEL RIO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5153 NW 74 AVE MIAMI, FL 33166		Mailing Address C/O FOUR POINTS PROPERTY MANAGEMENT INC 790 WEST 20TH ST HIALEAH, FL 33010 US	
2. Principal Place of Business - No P.O. Box # 790 West 20 <sup>th</sup> Street		3. Mailing Address 790 West 20 <sup>th</sup> Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, Florida		City & State Hialeah, Florida	
4. FEI Number 65-0712521		Applied For Not Applicable	
Zip 33010		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL RIO CONDOMINIUM ASSOCIATION 5153 NW 74 AVENUE MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Four Points Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 790 West 20 <sup>th</sup> Street City Hialeah FL Zip Code 33010	
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 		DATE 2/6/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR DOAR, DORON 5153 NW 74 AVE MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Pedro 790 West 20 <sup>th</sup> Street Hialeah, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINGMAN, RALPH 1 WEATHERBY DRIVE GREENVILLE, SC 29615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carlen Kanis 790 West 20 <sup>th</sup> Street Hialeah, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, TERRY H 410 11TH ST NE WASHINGTON, DC 20002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Doron Doar 790 West 20 <sup>th</sup> Street Hialeah, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE 2/6/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	