FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713479 (4)

1. Corporation Name

RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 S W 12TH ST FT LAUDERDALE FL 33315	1100 S W 12TH ST FT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1967
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1205250 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SKIDMORE, PAUL
1100 SW 12TH ST., #309
C-104
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

X SIGNATURE Paul W. Skidmore Paul W. Skidmore 4-24-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	THRASHER, MARTHA	1.2 NAME	FLORENCE PILLER	
STREET ADDRESS	1100 SW 12TH STREET, #C-305	1.3 STREET ADDRESS	1100 SW 12 ST, C 311	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE 33315	
TITLE	TDVP	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	DUMONT, CAROL	2.2 NAME		
STREET ADDRESS	1100 SW 12TH ST., #309	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	D	☐ Change ☐ Addition
NAME	WALL, FRANCES	3.2 NAME	DRESCHER, NANCY	
STREET ADDRESS	1100 SW 12TH ST., #303	3.3 STREET ADDRESS	1100 SW 12 ST C 101	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT LAUDERDALE 33315	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	SKIDMORE, PAUL	4.2 NAME		
STREET ADDRESS	1100 S.W. 12TH ST., #208	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BIBEAULT, BERT	5.2 NAME		
STREET ADDRESS	1100 SW 12TH ST., #208	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	VAUGHN, BLAKE	6.2 NAME		
STREET ADDRESS	1100 SW 12TH STREET, #C-205	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP		

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)(i), 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: Carol dumont CAROL DUMONT 4/24/95 (305)525-9069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Phone #

0044502