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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33315-1378

3. Date Incorporated or Qualified: 10/17/1967
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HACKNEY, HERBERT
1100 SW 12TH STREET
#103
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: KISSAM, MARGARET
82 Street Address (P.O. Box Number is Not Acceptable): 1100 SW 12TH ST, #206
83
84 City: FT LAUDERDALE **FL** 85 Zip Code: 33315

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: Margaret Kissam President 4/22/97
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	☒ DELETE	1.1 TITLE	S.D	☐ Change ☒ Addition
NAME	SPARKS, CAROL		1.2 NAME	DUMONT, CAROL	
STREET ADDRESS	1100 SW 12TH STREET #210		1.3 STREET ADDRESS	1100 SW 12 ST, #309	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	TD	☒ DELETE	2.1 TITLE	T.D	☐ Change ☒ Addition
NAME	KOPPEL, BERNICE		2.2 NAME	~~KOPPEL~~ VICKERY, RUTH	
STREET ADDRESS	1100 SW 12TH STREET #315		2.3 STREET ADDRESS	1100 SW 12 ST, #106	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DRESCHNER, NANCY		3.2 NAME		
STREET ADDRESS	1100 SW 12 ST C101		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	P.D	☐ Change ☒ Addition
NAME	HACKNEY, HERBERT		4.2 NAME	KISSAM, MARGARET	
STREET ADDRESS	1100 SW 12TH STREET #103		4.3 STREET ADDRESS	1100 SW 12TH ST, #206	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	FT. LAUDERDALE	
TITLE	DVP	☒ DELETE	5.1 TITLE	DVP	☐ Change ☒ Addition
NAME	KISSAM, MARGARET		5.2 NAME	BIBEAULT, G. BERTRAM	
STREET ADDRESS	1100 SW 12TH STREET #206		5.3 STREET ADDRESS	1100 SW 12TH ST, #102	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	FT. LAUDERDALE	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WALL, FRANCES M.		6.2 NAME	KOPPEL, BERNICE	
STREET ADDRESS	1100 SW 12TH STREET #303		6.3 STREET ADDRESS	1100 SW 12 ST #315	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	FT LAUDERDALE	

CR2E037 (9/96)

14. I do 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 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: Margaret Kissam Pres. 4/22/97 954-525-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036380