


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 021 ****61.25

DOCUMENT # 713479					
1. Entity Name RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1100 S W 12TH ST FORT LAUDERDALE FL 33315			Mailing Address 1100 S W 12TH ST FORT LAUDERDALE FL 33315		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1205250	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRESCHER, NANCY 1100 S.W. 12TH ST. #101 FORT LAUDERDALE FL 33315			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 <u>Nancy Drescher</u> 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, 2004		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	SD MAGUIRE, FRANCES 1100 SW 12 ST, #209 FORT LAUDERDALE FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Celmer, Albert 1100 SW 12 ST #307 Ft. Lauderdale, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLIER, ROSEMARY 1100 SW 12 ST, 109 FORT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Knapp, L. Patrick 1100 SW 12 ST #305 Ft. Lauderdale, FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KISSAM, MARGARET 1100 SW 12 ST, 206 FORT LAUDERDALE FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G Thomas H. DeAr 1100 SW 12 ST #305 Ft. Lauderdale, FL 33315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETRAS, TED 1100 SW 12 ST, 200 FORT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G Koppel, Bea+ 1100 SW 12 ST #315 Ft. Lauderdale, FL 33315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIDMORE, PAUL 1100 SW 12 ST, #208 FORT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	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)(b), 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: <u>Nancy Drescher</u> - NANCY DRESCHER - 2-25-4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



MOORE CR2E037 (11/03)