

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90359 042 \*\*\*\*61.25

**DOCUMENT # 713479**

1. Entity Name  
**RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1100 SW 12TH ST  
FORT LAUDERDALE, FL 33315**

Mailing Address  
**1100 SW 12TH ST  
FORT LAUDERDALE, FL 33315**

9003--



2. Principal Place of Business  
**8360 W Oakland Park Blvd**

3. Mailing Address  
**PO BOX 452199**

Suite, Apt. #, etc.  
**301**

Suite, Apt. #, etc.

03242006 Chg-NP CR2E037 (11/05)

City & State  
**Sunrise, FL**

City & State  
**Sunrise, FL**

4. FEI Number  
**59-1205250**

Applied For  
Not Applicable

Zip  
**33351**

Country  
**Broward**

Zip  
**33345-2199**

Country  
**Broward**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROUGH, CHADROW & LEVINE, P.A.  
1900 NORTH COMMERCE PKWY  
WESTON, FL 33326**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BLAKE, VAUGHN  
1100 SW 12TH #205  
FORT LAUDERDALE, FL 33315** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/P  
Nancy Drescher  
1100 SW 12 ST #101  
Fort Lauderdale, FL 33315** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS  
KOPPEL, BERNICE  
1100 SW 12TH ST #315  
FORT LAUDERDALE, FL 33315** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
[Signature]** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DETRAS, TED  
1100 SW 12 ST, 200  
FORT LAUDERDALE, FL 33315** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/T  
Carol Du Mont  
1100 SW 12 St #309  
Fort Lauderdale, FL 33315** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/S  
Francis Maguire  
1100 SW 12 ST #209  
Fort Lauderdale, FL 33315** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/VP  
Alonzo Story  
1100 SW 12 ST #203  
Fort Lauderdale, FL 33315** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

**NANCY DRESCHER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #