2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713479

FILED Feb 20, 2009 Secretary of State

Entity Name: RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1100 SW 12TH STREET FORT LAUDERDALE, FL 33351 **Current Mailing Address: New Mailing Address:** 1322 SE 17TH ST FORT LAUDERDALE, FL 33316 FEI Number: 59-1205250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUPP, WILLIAM R 1322 SE 17TH ST FORT LAUDERDALE, FL 33316 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change () Addition MARTELL, MICHAEL MARTELL, MICHAEL Name: Name: 110 SW 12 ST #205 Address: 1100 SW 12 ST #205 Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: FORT LAUDERDALE, FL 33315 Title: () Delete Title: () Change () Addition MAGUIRE, FRANCES Name: Name: Address: 1100 SW 12 ST #209 Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: () Delete Title: () Change () Addition COLLIER, ROSEMARY Name: Name: Address: 1100 SW 12 ST #109 Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: TYSENN, DIANE Name: Address: 1100 SW 12 ST #304 Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: DVP () Delete Title: () Change () Addition PAYER, CLAUDETTE Name: Name: 1100 SW 12 ST #106 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: () Delete Title: () Change () Addition SCOTT, LUCAS Name: Name: Address: 1100 SW 12 ST #305 Address: FORT LAUDERDALE, FL 33315 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY COLLIER DT 02/20/2009