

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 703442

1. Entity Name
RIO - MAR APARTMENTS INC



Principal Place of Business
**3232 CANAL DRIVE
POMPANO BEACH, FL 33062**

Mailing Address
**3232 CANAL DRIVE
P O BOX 5193
LIGHTHOUSE POINT, FL 33074**



02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1031935

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WELSH, CAROLYN
3232 CANAL DRIVE
APT. 7
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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 re-instating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LUMPKIN, WILLIAM P/D 3232 CANAL DRIVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, AUDREY D 3232 CANAL DR POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST/D WELSH, CAROLYN ST/D 3232 CANAL DRIVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D CAVALLARO, CHARLES VP/D 3232 CANAL DR POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIGHTER, GAIL D 3232 CANAL DRIVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/10/05-80051-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Carolyn Welsh* **CAROLYN WELSH** **3-4-05** **9549430071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #