

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90029 007 \*\*\*\*61.25

<b>DOCUMENT # 708783</b> 1. Entity Name <b>RIO NUEVO "A" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>900 S.W. 12TH STREET FORT LAUDERDALE, FL 33315</b>			Mailing Address <b>900 S.W. 12TH STREET FORT LAUDERDALE, FL 33315</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>VIGLIOTTI, FRANK 900 SW 12TH ST APT #314 FT LAUDERDALE, FL 33315</b>				7. Name and Address of New Registered Agent Name <b>CLARA K:HL</b> Street Address (P.O. Box Number is Not Acceptable) <b>900 S.W. 12TH ST. # 314</b> City <b>FT. LAUDERDALE</b> FL Zip Code <b>33315</b>	
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><i>Clara Kihl</i></u> <b>Secretary</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S KIHL, CIARA 900 SW 12TH ST APT #314 FT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP PETSCH, EVELYN 900 SW 12TH ST APT #311 FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S BURROWES, BETSY 900 SW 12TH ST APT #107 FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CALVO, WAYNE 900 SW 12TH ST APT #307 FT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WALSKI, CONNIE 900 SW 12TH ST APT #104 FT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CRAMPTON, MINNIE 900 SW 12TH ST APT #110 FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S Bock, ERNEST 900 S.W. 12TH ST. #101 FT. LAUDERDALE, FL 33315 VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>Clara Kihl</i></u> - <b>CLARA Kihl Secretary</b> <u>3/25/08</u> <u>954-463-5814</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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