

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90042 010 ****61.25

DOCUMENT # 710376

1. Entity Name
RIO NUEVO "B" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1000 SW 12 ST
FT. LAUDERDALE, FL 33315**

Mailing Address
**1000 SW 12 ST
FT. LAUDERDALE, FL 33315**

00003917



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1166259

Applied For
Not Applicable

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

**LEWIS, CHARLOTTE
1000 SW 12TH STREET
315
FT. LAUDERDALE, FL 33315**

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 rechartering.)

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 **DP** ☒ Delete
NAME **LATSCH, KEN**
STREET ADDRESS **1000 SW 12TH STREET #307**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

TITLE **DP** ☒ Change ☒ Addition
NAME **Charlotte Lewis**
STREET ADDRESS **1000 SW 12th St # 315**
CITY-ST-ZIP **FT. Lauderdale, FL 33315**

TITLE **CDS** ☒ Delete
NAME **TROUT, GARY**
STREET ADDRESS **1000 SW 12 ST. #307**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

TITLE **D** ☒ Change ☒ Addition
NAME **Beth Frumkin**
STREET ADDRESS **1000 SW 12th St # 207**
CITY-ST-ZIP **FT. Lauderdale, FL 33315**

TITLE **D** ☒ Delete
NAME **PRIDGEON, EDWARD**
STREET ADDRESS **1000 SW 12 STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

TITLE **D** ☒ Change ☒ Addition
NAME **J. Wolocet**
STREET ADDRESS **1000 SW 12th St # 106**
CITY-ST-ZIP **FT. Lauderdale, FL 33315**

TITLE **D** ☒ Delete
NAME **RICH, MARILYN**
STREET ADDRESS **1000 SW 12 STREET**
CITY-ST-ZIP **FT. LAUD., FL 33315**

TITLE **D** ☒ Change ☒ Addition
NAME **Cal Jobe**
STREET ADDRESS **1000 SW 12th St**
CITY-ST-ZIP **Fort Lauderdale, FL 33315**

TITLE **D** ☐ Delete
NAME **WOTOCEK, JACK**
STREET ADDRESS **1000 SW 12 STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE **D** ☒ Change ☒ Addition
NAME **John Walsh**
STREET ADDRESS **1000 SW 12th St # 105**
CITY-ST-ZIP **FT. Lauderdale, FL 33315**

TITLE **D** ☒ Delete
NAME **FOWLER, FLORENCE**
STREET ADDRESS **1000 SW 12 ST. #211**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

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

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: *Charlotte Lewis* **Charlotte Lewis**

2-16-06 **(954) 463-8077**

SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #