


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90026 039 ****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		
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		Country		01302007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1166259				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, CHARLOTTE 1000 SW 12TH STREET 315 FT. LAUDERDALE, FL 33315			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP President <input type="checkbox"/> Delete LEWIS, CHARLOTTE 1000 SW 12TH ST, # 315 FORT LAUDERDALE, FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FAUMYIN, BETH 1000 SW 12TH ST, # 207 FORT LAUDERDALE, FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete WOTOCEK, Jane 1000 SW 12TH ST, # 106 FT. LAUDERDALE, FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JOBE, GAL 1000 SW 12TH ST, # 106 FORT LAUDERDALE, FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete WALSH, JOHN 1000 SW 12TH ST, # 105 FORT LAUDERDALE, FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Nelson, William 1000 SW 12th St # 209 Fort Lauderdale FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Calvert, Pam Treasurer 1000 SW 12th St # 209 Fort Lauderdale FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director Marciniak, Candace 1000 SW 12th St # 206 Fort Lauderdale FL 33315				
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: _____ 03/12/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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