

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713479 (4)

1. Corporation Name

RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1100 S W 12TH ST
FT LAUDERDALE FL 33315

Mailing Address

1100 S W 12TH ST
FT LAUDERDALE FL 33315-13783. Date Incorporated or Qualified
10/17/19673a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1205250

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HACKNEY, HERBERT
1100 SW 12TH STREET
#103
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

KISSAM, MARGARET

82 Street Address (P.O. Box Number Is Not Acceptable)

1100 SW 12TH ST, #206

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33315

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPARKS, CAROL	
STREET ADDRESS	1100 SW 12TH STREET #210	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KOPPEL, BERNICE	
STREET ADDRESS	1100 SW 12TH STREET #315	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRESCHNER, NANCY	
STREET ADDRESS	1100 SW 12 ST C101	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HACKNEY, HERBERT	
STREET ADDRESS	1100 SW 12TH STREET #103	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KISSAM, MARGARET	
STREET ADDRESS	1100 SW 12TH STREET #206	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALL, FRANCES M.	
STREET ADDRESS	1100 SW 12TH STREET #303	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DUMONT, CAROL	
1.3 STREET ADDRESS	1100 SW 12 ST, #309	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICKERY, RUTH	
2.3 STREET ADDRESS	1100 SW 12 ST, #106	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KISSAM, MARGARET	
4.3 STREET ADDRESS	1100 SW 12TH ST, #206	
4.4 CITY-ST-ZIP	FT. LAUDERDALE	
5.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BIBEAULT, G. BERTRAM	
5.3 STREET ADDRESS	1100 SW 12TH ST, #102	
5.4 CITY-ST-ZIP	FT. LAUDERDALE	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KOPPEL, BERNICE	
6.3 STREET ADDRESS	1100 SW 12 ST #315	
6.4 CITY-ST-ZIP	FT LAUDERDALE	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 954-525-6997

Daytime Phone # 0036386

CR2E037 (9/96)