

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713479

1. Entity Name

RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1100 S W 12TH ST
FORT LAUDERDALE FL 33315

Mailing Address

1100 S W 12TH ST
FORT LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1205250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRESCHER, NANCY
1100 S.W. 12TH ST.
#206
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name DRESCHER, NANCY

Street Address (P.O. Box Number is Not Acceptable)

1100 S. W. 12th ST

#101

FORT LAUDERDALE

FL

Zip Code
33315

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.

SIGNATURE

Nancy Drescher - President

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

(NOTE: Registered Agent signature required when reinstating)

4-9-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME KELLY, TIMOTHY
STREET ADDRESS 1100 SW 12 ST #305
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE TD ☐ Delete
NAME DUMONT, CAROL
STREET ADDRESS 1100 SW 12TH ST #309
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE PD ☐ Delete
NAME DRESCHER, NANCY
STREET ADDRESS 1100 SW 12 ST C101
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE VPD ☐ Delete
NAME BERCHERT, RON
STREET ADDRESS 1100 SW 12TH ST #310
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE D ☒ Delete
NAME BLAKE, VAUGH
STREET ADDRESS 1100 S.W. 12TH ST., #205
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE D ☐ Change ☒ Addition
NAME MURPHREE, CYNTHIA
STREET ADDRESS 1100 SW 12 ST #308
CITY-ST-ZIP FT. 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 exemption stated in Section 119.07(3)(i), 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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01

954-527-1149

CR2E037 (10/00)

0046789

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90061 004 ****61.25



DO NOT WRITE IN THIS SPACE