


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90359 042 ****61.25

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
8360 W Oakland Park Blvd

3. Mailing Address
PO BOX 452199

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip Country
33351 Broward

Zip Country
33345-2199 Broward

9003-



03242006 Chg-NP CR2E037 (11/05)

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

**BROUGH, CHADROW & LEVINE, P.A.
 1900 NORTH COMMERCE PKWY
 WESTON, FL 33326**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAKE, VAUGHN 1100 SW 12TH #205 FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KOPPEL, BERNICE 1100 SW 12TH ST #315 FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETRAS, TED 1100 SW 12 ST, 200 FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	D/P Nancy Drescher 1100 SW 12 ST #101 Fort Lauderdale, FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D →	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Carol -Du Mont 1100 SW 12 St #309 Fort Lauderdale, FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Francès Maguire 1100 SW 12 ST #209 Fort Lauderdale, FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Alonzo Story 1100 SW 12 ST #203 Fort Lauderdale, FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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.

SIGNATURE: Nancy Drescher **NANCY DRESCHER** ³⁻²⁹⁻⁰⁶ ₉₅₄₋₅₂₂₋₁₁₄₉
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #