


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90053 041 \*\*\*\*61.25


<b>DOCUMENT # 713479</b>	
1. Entity Name <b>RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>8360 W OAKLAND PARK BLVD 301 SUNRISE, FL 33351</b>	Mailing Address <b>P.O. BOX 452199 SUNRISE, FL 33351</b>
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2. Principal Place of Business - No P.O. Box # <b>1100 S.W. 12th STREET</b>	3. Mailing Address <b>1322 S.E. 17th STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State <b>FT. LAUDERDALE, FL 33315</b>	City & State <b>FT. LAUDERDALE, FL 33316</b>
Zip <b>33315</b>	Zip <b>33316</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>BROUGH, CHADROW &amp; LEVINE, P.A. 1900 NORTH COMMERCE PKWY WESTON, FL 33326</b>	
7. Name and Address of New Registered Agent Name <b>WILLIAM R. RUPP</b> Street Address (P.O. Box Number is Not Acceptable) <b>1322 S.E. 17th STREET</b> City <b>FT. LAUDERDALE</b> FL <b>FL</b> Zip Code <b>33316</b>	

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 <b>04/12/07</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRESCHER, NANCY 1100 SW 12 ST., #101 FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTEL, MICHAEL 1100 SW 12 St., #205 Fort Lauderdale, FL 33315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPPEL, BERNICE 1100 SW 12TH ST #315 FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DU MONT, CAROL 1100 SW 12 ST., #309 FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAGUIRE, FRANCES 1100 SW 12 ST., #209 FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RING, NANCY 1100 SW 12 St., #301 Fort Lauderdale, FL 33315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STORY, ALONZO 1100 SW 12 ST., #203 FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLLIER, ROSEMARY 1100 SW 12 St., #109 Fort Lauderdale <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 	DATE <b>4/6/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

40061484



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4. FEI Number <b>59-1205250</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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