


**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 RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 8360 W OAKLAND PARK BLVD 301 SUNRISE, FL 33351	Mailing Address P.O. BOX 452199 SUNRISE, FL 33351
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40061484



2. Principal Place of Business - No P.O. Box # 1100 S.W. 12th STREET Suite, Apt. #, etc.	3. Mailing Address 1322 S.E. 17th STREET Suite, Apt. #, etc.
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02212007 Chg-NP CR2E037 (12/06)

City & State FT. LAUDERDALE, FL 33315	City & State FT. LAUDERDALE, FL 33316	4. FEI Number 59-1205250	Applied For <input type="checkbox"/> Not Applicable
Zip 33315	Country USA	Zip 33316	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	


**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: WILLIAM R. RUPP  
 Street Address (P.O. Box Number is Not Acceptable): 1322 S.E. 17th STREET  
 City: FT. LAUDERDALE FL Zip Code: 33316

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:  WILLIAM R. RUPP DATE: 04/12/07

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**

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	D KOPPEL, BERNICE 1100 SW 12TH ST #315 FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete
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	DS MAGUIRE, FRANCES 1100 SW 12 ST., #209 FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Delete
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		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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"/> 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:  Carol DuMont Date: 4/6/07 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR