


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90023 035 ****61.25

DOCUMENT # 713479					
1. Entity Name RIO NUEVO "C" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1100 SW 12TH STREET FORT LAUDERDALE, FL 33351		Mailing Address 1322 SE 17TH ST FORT LAUDERDALE, FL 33316			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1205250	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUPP, WILLIAM R 1322 SE 17TH ST FORT LAUDERDALE, FL 33316			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL, MICHAEL		NAME		
STREET ADDRESS	110 SW 12 ST #205		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOPPEL, BERNICE		NAME	FRANCES MAGUIRE	
STREET ADDRESS	1100 SW 12TH ST #315		STREET ADDRESS	1100 SW 12 ST #209	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DU MONT, CAROL		NAME	ROSEMARY COLLIER	
STREET ADDRESS	1100 SW 12 ST., #309		STREET ADDRESS	1100 SW 12 ST #109	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RING, NANCY		NAME	DIANE TYSENN	
STREET ADDRESS	110 SW 12 ST #301		STREET ADDRESS	1100 SW 12 ST #304	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DIRECTOR VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, ROSEMARY		NAME	CLAUDETTE PAYER	
STREET ADDRESS	1100 SW 12 ST #109		STREET ADDRESS	1100 SW 12 ST #106	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SCOTT LUCAS	
STREET ADDRESS			STREET ADDRESS	1100 SW 12 ST #305	
CITY-ST-ZIP			CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
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: <i>Rosemary Collier</i>		Date: 2/27/08		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	