

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90017 031 \*\*\*\*61.50

<b>DOCUMENT # 714919</b> 1. Entity Name <b>RIO NUEVO "D" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1200 SW 12TH STREET OFFICE FT LAUDERDALE, FL 33315 US</b>			Mailing Address <b>1200 SW 12TH ST OFFICE FT LAUDERDALE, FL 33315 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>59-1226527</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MEYROWITZ, ANDREW C/O BCI 2035 HARDING ST. #200 HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name <b>BARBARA HERNDON, PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>ASSOCIATION SERVICES OF FLORIDA</b> <b>1012 USA TODAY WAY</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33025</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TRASKELL, CHARLES</b> <b>1200 SW 12TH ST #301</b> <b>FT. LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>KIDD, BRYAN</b> <b>1200 SW 12TH ST #107</b> <b>FT. LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ALLEN, HENRY</b> <b>1200 SW 12TH STREET #107</b> <b>FT. LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FLYNN, JOHN</b> <b>1200 SW 12TH STREET, #307</b> <b>FT. LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BUCKINGHAM, VERONICA</b> <b>1200 SW 12TH ST #208</b> <b>FT LAUDERDALE, FL 33315</b>	<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"/> 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: <b>Charles P. Traskell</b> Date <b>2/29/08</b> Daytime Phone # <b>954-817-6747</b>					