

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723320

FILED
Apr 18, 2006
Secretary of State

Entity Name: RIO DEL REY SHORES ASSOCIATION, INC

Current Principal Place of Business:

809 SE 7TH AVE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

809 SE 7TH AVE
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANKLYN, PATRICIA
709 SE 9TH STREET
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WANKLYN, PATRICIA
Address: 709 SE 9TH STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: O'NEILL, ROGER
Address: 809 S E 7TH AVE
City-St-Zip: DELRAY BCH, FL 33483

Title: D () Delete
Name: GRAHAM, THOMAS J
Address: 839 SE 7TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: O'NEILL, KAREN
Address: 809 SE 7TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD () Delete
Name: NUCCILLI, SHEILA
Address: 714 SE 8TH CT
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: NUCCILLI, MARK
Address: 714 SE 8TH COURT
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA M NUCCILLI

TD

04/18/2006

Electronic Signature of Signing Officer or Director

Date