


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 729998 1. Entity Name R.B. CONDOMINIUM ASSOCIATION, INC.	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -3 AM 8:00

Principal Place of Business RIVER BEND RD. PO BOX 190 WELAKA, FL 32193-7190	Mailing Address RIVER BEND RD. PO BOX 190 WELAKA, FL 32193-7190
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DO NOT WRITE IN THIS SPACE

02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7429472	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

AUSTIN, WILLIAM  
179 BEECHERS POINT  
WELAKA, FL 32193

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, CHARLES R P.O. BOX 1012 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COX, GARY 11639 LOIS CROSS JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTON, W R 4651 IRIQUOIS AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M AUSTIN, WILLIAM PO BOX 1077 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JOHNSON, LESTER L JR 2252 STATE RD B JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600030393486  
03/12/04--01065--009 \*\*150.00

600030393486  
03/12/04--01065--009 \*\*200.00

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600030393486  
03/12/04--01065--009 \*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #