2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90039 015 ****61.25

DOCUMENT # 729998

1. Entity Name
R.B. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RIVER BEND RD. PO BOX 190 WELAKA, FL 32193-7190	RIVER BEND RD. PO BOX 190 WELAKA, FL 32193-7190

400172B2

01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7429472

Applied F
Not Appl

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RECHTIN, CHRISTOPHER
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 a the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HULL, JOE
STREET ADDRESS	113 LATASHA TERRACE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	PD
NAME	COX, GARY
STREET ADDRESS	11639 LOIS CROSS
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	TD
NAME	COX, STAN
STREET ADDRESS	1480 TAMA RAN PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	M
NAME	RECHTIN, CHRISTOPHER
STREET ADDRESS	179 BEECHERS POINT DR
CITY-ST-ZIP	WELAKA, FL 32193
TITLE	M
NAME	HALL, HOWARD
STREET ADDRESS	PO BOX 219
CITY-ST-ZIP	WELAKA, FL 32193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 informa 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 dire 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 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 #