2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90425 016 ****61.25

DOCUMENT # 729995

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

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7429472 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RECHTIN, CHRISTOPHER 179 BEECHERS POINT WELAKA FL 32193	Name: Hull, Joe Street Address (P O Box Number is Not Acceptable): 113 Latasha Terrace City: Palatka, FL Zip Code: 32177

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, the registered agent's position.

SIGNATURE: Joel M Hull (Signature of, and printed name of, registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE: 4/10/06

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HULL, JOE 113 LATASHA TERRACE PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-D Hull, Joe 113 Latasha Terrace Palatka Fl 32177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COX, GARY 11639 LOIS CROSS JACKSONVILLE FL 32259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S-T-D Brinson, Elaine 246 Goodtown Dr Brunswick, Ga 31525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COX, STAN 1480 TAMA RAN PLACE JACKSONVILLE FL 32259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Smith, Louise P.O. Box 574 SanMateo, Fl 32187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M RECHTIN, CHRISTOPHER 179 BEECHERS POINT DR WELAKA FL 32193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Douglas, Taylor 105 Shady Oak Lane Palatka, Fl 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M HALL, HOWARD P.O. BOX 219 WELAKA FL 32193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joel M Hull (SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) OFFICER OR DIRECTOR Date: 4/10/06