


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90050 020 ****70.00

DOCUMENT # 729998 1. Entity Name R.B. CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box # <u>179 Beechers Point Dr</u>		3. Mailing Address Suite, Apt. #, etc.			
City & State <u>Welaka FL</u>		City & State Suite, Apt. #, etc.		4. FEI Number <u>23-7429472</u>	
Zip <u>32193</u>		Country <u>Putnam</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RECHTIN, CHRISTOPHER 179 BEECHERS POINT WELAKA, FL 32193				7. Name and Address of New Registered Agent Name <u>Jimmie Hall</u> Street Address (P.O. Box Number is Not Acceptable) <u>179 Beechers Point</u> City <u>Welaka, FL 32193</u> Zip Code <u>32193</u>	
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 <u>X Jimmie Hall</u> <u>Jimmie Hall</u> <u>2-22-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
	PD	HULL, JOE	113 LATASHA TERRACE		
			PALATKA, FL 32177		
	STD	BRINSON, ELAINE	246 GOODTOWN DR	<input type="checkbox"/> Delete	
			BRUNSWICK, GA 31525		
	M	SMITH, LOUISE	PO BOX 574	<input type="checkbox"/> Delete	
			SAN MATEO, FL 32187		
	M	DOUGLAS, TAYLOR	105 SHADY OAK LN	<input type="checkbox"/> Delete	
			PALATKA, FL 32177		
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	PD	NEWTON, CONNIE	1815 WOODMERE DR.		
			JACKSONVILLE, FL 32210		
	STD	BRINSON,		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V/D			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V/D			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V/D	BRAZIL, DON	240 HENNING RIVER RD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			WELFLEET, MA 02667		
				<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: <u>Connie Newton</u> <u>2-19-2007</u> <u>904-387-1519</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					