2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 729998

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

Current Principal Place of Business:

179 BEECHERS POINT DR
WELAKA, FL 321937190

New Principal Place of Business:

Current Mailing Address:

179 BEECHERS POINT DR
WELAKA, FL 321937190

New Mailing Address:

PO BOX 190
WELAKA, FL 321937190

FEI Number: 23-7429472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, JOANN
179 BEECHERS PT DR
C217
WELAKA, FL 32193 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:	NEWTON, CONNIE	
Address:	1815 WOODMERE DR	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	STD	( ) Delete
Name:	BINSON, ELAINE	
Address:	246 GOODTOWN DR	
City-St-Zip:	BRUNSWICK, GA 31525	
Title:	VD	( ) Delete
Name:	SMITH, LOUISE	
Address:	PO BOX 574	
City-St-Zip:	SAN MATEO, FL 32187	
Title:	VD	( ) Delete
Name:	DOUGLAS, TAYLOR	
Address:	105 SHADY OAK LN	
City-St-Zip:	PALATKA, FL 32177	
Title:	VD	( ) Delete
Name:	BRAZIL, DON	
Address:	240 HERRING RIVER RD	
City-St-Zip:	WELLFLEET, MA 02667	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: CONNIE NEWTON PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date