

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729998

FILED
Mar 07, 2012
Secretary of State

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

Current Principal Place of Business:

179 BEECHERS POINT DR
WELAKA, FL 32193 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 190
WELAKA, FL 32193 US

New Mailing Address:

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:

HOLLAND, RONALD
179 BEECHERS PT DR
C117
WELAKA, FL 32193 US

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: RONALD HOLLAND

03/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JOHNSON, LESTER
Address: 1985 STATE ROAD 13
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: STD
Name: BRINSON, ELAINE
Address: 246 GOODTOWN DR
City-St-Zip: BRUNSWICK, GA 31525 US

Title: VD
Name: RICHARDSON, FAYE
Address: 7017 CISCO GARDEN ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: VD
Name: MADDOX, SIBLEY
Address: 1321 MORGANA ROAD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VD
Name: HOLLAND, RONALD
Address: 179 BEECHERS POINT DR. UNIT# C117
City-St-Zip: WELAKA, FL 32193 US

Title: AS
Name: NEWTON, CONNIE
Address: 1815 WOODMERE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby 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 all other like empowered.

SIGNATURE: LESTER JOHNSON

PD

03/07/2012

Electronic Signature of Signing Officer or Director

Date