2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734264

FILED Feb 16, 2005 Secretary of State

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Entity Na	me: RUE MARIE VILLAS ASSOCIATION	, INC.		
Current P	rincipal Place of Business:	New Principal Place	of Business:	
	RY STREET T GROVE, FL 33133			
Current M	lailing Address:	New Mailing Address	s:	
	RY STREET T GROVE, FL 33133			
FEI Number	: 59-1710120 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
3144 MAR COCONU	T GROVE, FL 33133 US			
	e named entity submits this statement for the e of Florida.	ne purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () Delete MULLINS, RICHARD A 3144 MARY ST COCONUT GROVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete KOBOLA, SLAVIN 3142 MARY ST COCONUT GROVE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete HANCOCK, DAVID, 3144 MARY STREET COCONUT GROVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: R ADAM MULLINS TD 02/16/2005