

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90007 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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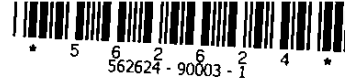
DOCUMENT # 735471

1. Corporation Name

RIO DEL MAR ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 23445 RIO DEL MAR DRIVE
 BOCA RATON FL 33486

Mailing Address
 23445 RIO DEL MAR DRIVE
 BOCA RATON FL 33486



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	23415 Rio Del Mar Dr	04/02/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0426658	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
Zip		Boca Raton FL		☐ \$8.75 Additional Fee Required	
Country		Zip		6. Election Campaign Financing	
25		33486		☐ \$5.00 May Be Added to Fees	
24		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM L
 23445 RIO DEL MAR DR
 BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name Patricia Saffer
 82 Street Address (P.O. Box Number is Not Acceptable)
 23415 Rio Del Mar Dr.
 83
 84 City Boca Raton FL 85 Zip Code 33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (if acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	Director ☒ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	President + Director ☒ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	ST Patricia Saffer ☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

X 202