## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

4840 GOLF CLUB CT. #1

N. FT. MYERS FL

741204

(2)

EL RIO CONDOMINIUM BUILDING NO. 8, INC.

		• • • • • • • • • • • • • • • • • • • •			
Principal Place	e of Business	Mailing Address	4		i Wille Arkin Deltof Dines Bekir Ribsé desil sabbi
4840 GOLF CLUB COURT #8 # 8 4840 GOLF CLUB COURT #6 NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 339					
				3. Date Incorporated or Qualified 12/21/1977	3a. Date of Last Report 04/29/1996
Principal Place of Business     2a. Mailing Address			4. FEI Number	Applied For	
21 26				59-2361387	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	S8.75 Additional Fee Required	
22				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιp	Country	Zip	Country	8. This corporation has liability for	
24	25	29 3	0		☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name	illie doed	
	, LARRY A.		82 Street Address (P.O. Box Number is Not Acceptable)		
4840 GOLF CLUB COURT #5			484	Offelf Club Ct. #8	
NORTH FORT MYERS, 33903			83 21	It much I	33903
•			84 City	)	FL 85 Zip Code
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 familier with, and accept the obligations of Section 617.0503, Florida Statutes.					
SIGNATURE Pillie Laid (941) 9954509 Del 9, 1997					
Signature, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE					DATE
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFF	
TITLE	TD	DELETE	1.1 TITLE	Bin . Solds	Change KJ Addition
NAME	MARTIN, LARRY A.		1.2 NAME	Bieling Gord 1840 Helgelubet 7 1 H Dryen H. 3390	#8
STREET ADDRESS			1.3 STREET ADDRESS	4840	3 Leaver
CITY-ST-ZIP	N FT MYERS, FL 00000	T OCIETE	1.4 CITY-ST-ZIP	1 de ougen 31.3370	
TITLE	D D	☐ DELETE	2.1 TITLE 2.2 NAME	U	☐ Change ☐ Addition
NAME	RICE, DORIS				
STREET ADDRESS 4840 GOLF CLUB CT. #3 CITY-ST-ZIP N FT MYERS, FL 00000 Laard Trember			2.3 STREET ADDRESS		ļ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		Channe Laddistan
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	FORD, WILLIAM H.	Λ .	3.2 NAME		
STREET ADDRESS	4840 GOLF CLUB CT. #8 N FT MYERS, FL 00000	in President	3.3 STREET ADDRESS		
CITY-S1-ZIP			3 4. CITY-ST-ZIP		Change
TITLE	SD POOMUND	L_ DELETE	4.1 TITLE		Change Addition
NAME	LUTHER, ROSAMUND		4. 2 NAME		
STREET ADDRESS	4840 GOLF CLUB CT. #2	Se cretary	4.3 STREET ADDRESS		Ţ
CITY-ST-ZIP	N FT MYERS, FL 00000	There	4.4 CITY - ST - ZIP		
TITLE	D D	☐ DETFIF	5.1 TITLE		☐ Change ☐ Addition
NAME	IRVIN, JAMES		5.2 NAME		
STREE1 ADDRESS	4840 GOLF CLUB CT #12 /		5.3 STREET ADDRESS		
CITY - ST - ZIP	N. FORT MYERS FL 20	tard Thember	5.4 CITY-ST-ZIP		
TITLE	PU	☐ DESSEIF	6.1 TITLE		Change Addition
NAME .	ROON, JOHN		6.2 NAME		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name