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03-22-1999 90002 011 ****61.25

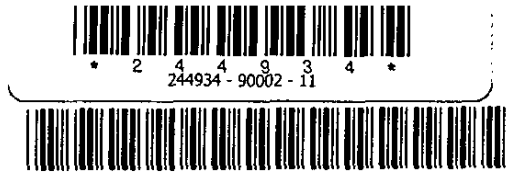
NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741204

1. Corporation Name

EL RIO CONDOMINIUM BUILDING NO. 8, INC.

Principal Place of Business 4840 GOLF CLUB COURT #8 STE. 8 NORTH FORT MYERS FL 33903 US	Mailing Address 4840 GOLF CLUB COURT #8 STE. 8 NORTH FORT MYERS FL 33903 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/21/1977	4. FEI Number 59-2361387	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent FORD, BILLIE 4840 GOLF CLUB COURT STE 8 NORTH FORT MYERS FL 33903	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FORD, BILLIE	1.2 NAME	
STREET ADDRESS	4840 GOLF CLUB DIVE STE 8	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D RICE, DORIS	2.2 NAME	
STREET ADDRESS	4840 GOLF CLUB CT. #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	D MARTIN, LOU ANN	3.2 NAME	
STREET ADDRESS	4840 GOLF CLUB COURT #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	3.4 CITY-ST-ZIP	
TITLE	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	SD LUTHER, ROSAMUND	4.2 NAME	Louanne Roan
STREET ADDRESS	4840 GOLF CLUB CT. #2	4.3 STREET ADDRESS	4840 Golf Club Ct. #1
CITY-ST-ZIP	N FT MYERS, FL 00000	4.4 CITY-ST-ZIP	N Ft Myers, FL 33903
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	VD BENETATOS, MIHCAEL	5.2 NAME	Doris Harris
STREET ADDRESS	4840 GOLF CLUB COURT #6	5.3 STREET ADDRESS	4840 Golf Club Ct. #4
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	5.4 CITY-ST-ZIP	N. Ft Myers, FL. 33903
TITLE	☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	PD ROON, JOHN	6.2 NAME	Michael Benetatos
STREET ADDRESS	4840 GOLF CLUB CT. #1	6.3 STREET ADDRESS	4840 Golf Club Ct. #6
CITY-ST-ZIP	N. FT. MYERS FL	6.4 CITY-ST-ZIP	N Ft Myers, FL. 33903

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 REQUIRED: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (11/98)

24493490002-1
741204

Laverne Roon Secretary
4840 Golf Club Ct,
Apt # 1

Doris Parrish Board Member
4840 Golf Club Ct.
#4
Ft. Myers, FL. 33903

Michael Benetatos President
4840 Golf Club Ct. #6
Ft. Myers, FL. 33903

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