


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90042 038 *****61.25

DOCUMENT # 741204 1. Entity Name EL RIO CONDOMINIUM BUILDING NO. 8, INC.					
Principal Place of Business 4840 GOLF CLUB CT 2 STE2 FORT MYERS, FL 33903 US			Mailing Address 4840 GOLF CLUB COURT #8 STE. 2 NORTH FORT MYERS, FL 33903 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2361387	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLCORD, ESTHER 4840 GOLF CLUB CT., APT. 12 NORTH FORT MYERS, FL 33903			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>ESTHER COLCORD</u> ESTHER COLCORD <u>9-01-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLOYD, KENNEL	NAME			
STREET ADDRESS	4840 GOLF CLUB CT. #10	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHETTS, BETTY	NAME			
STREET ADDRESS	4840 GOLF CLUB DR., APT. 3	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP			
TITLE	STS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, PATRICIA	NAME			
STREET ADDRESS	4840 GOLF CLUB CT. #11	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLCORD, ESTHER	NAME			
STREET ADDRESS	4840 GOLF CLUB CT., #12	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARRICH, DORIS	NAME			
STREET ADDRESS	4840 GOLF CLUB CT # 4D	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33903	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAMMERLIN, JUNE	NAME			
STREET ADDRESS	4840 GOLF CLUB COURT APT. 10	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>ESTHER COLCORD</u> <u>9-01-07 (239) 656-1332</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					