

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State



DOCUMENT # 749074				1. Entity Name	
RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
% ROBERT L. BATES 1824 W. GRANT ST. ORLANDO FL 32805		% ROBERT L. BATES 1824 W. GRANT ST. ORLANDO FL 32805			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1404228 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
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		
FLOWER, BRUCE W., ESQUIRE SUITE 100,500 N MAITLAND AVE MAITLAND FL FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	SMITH, JOHN <input type="checkbox"/> Delete	TITLE NAME	U00000013943 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1820 W GRANT ST	STREET ADDRESS	01/27/04-80003-006 61.25
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	
TITLE NAME	VP MARTIN, EARL <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1825 W GRANT ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	
TITLE NAME	ST BATES, ROBERT <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1824 W. GRANT ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805-6027	CITY-ST-ZIP	
TITLE NAME	D MILLEK, CORNELLES <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2404 RIO LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	CITY-ST-ZIP	
TITLE NAME	D LEWIS, ALLEN <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1810 W GRANT STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	
TITLE NAME	D WHISENANT, GARY <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1713 26TH ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert L. Bates* **Robert L. Bates** 01-22-2004 407-841-5686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #