

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 749074	
1. Entity Name RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.	

Principal Place of Business % ROBERT L. BATES 1824 W. GRANT ST. ORLANDO, FL 32805	Mailing Address % ROBERT L. BATES 1824 W. GRANT ST. ORLANDO, FL 32805
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03072006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 31-1404228	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLOWER, BRUCE W., ESQUIRE
SUITE 100,500 N MAITLAND AVE
MAITLAND FL, FL 32801**

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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 reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	10. Officers and Directors
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOHN 1820 W GRANT ST ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, EARL 1825 W GRANT ST ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BATES, ROBERT 1824 W. GRANT ST ORLANDO, FL 328056027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLEK, CORNELLES 2404 RIO LANE ORLANDO, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ALLEN 1810 W GRANT STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHISENANT, GARY 1713 28TH ST ORLANDO, FL 32805

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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: Robert L. Bates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____