

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 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**



02092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, JOHN
STREET ADDRESS	1820 W GRANT ST
CITY - ST - ZIP	ORLANDO, FL 32805
TITLE	VP
NAME	MARTIN, EARL
STREET ADDRESS	1825 W GRANT ST
CITY - ST - ZIP	ORLANDO, FL 32805
TITLE	ST
NAME	BATES, ROBERT
STREET ADDRESS	1824 W. GRANT ST
CITY - ST - ZIP	ORLANDO, FL 328056027
TITLE	D
NAME	MILLEK, CORNELLES
STREET ADDRESS	2404 RIO LANE
CITY - ST - ZIP	ORLANDO, FL 00000,
TITLE	D
NAME	LEWIS, ALLEN
STREET ADDRESS	1810 W GRANT STREET
CITY - ST - ZIP	ORLANDO, FL 32805
TITLE	D
NAME	WHISENANT, GARY
STREET ADDRESS	1713 26TH ST
CITY - ST - ZIP	ORLANDO, FL 32805

U00000826726
02/21/08-80060-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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

02/11/2008
Date

407-841-5680
Daytime Phone #