

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751850

1. Entity Name

RIOMAR SANDS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90157 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2636 OCEAN DRIVE  
P.O. BOX 4338  
VERO BEACH FL 32963  
US

C/O VISTA PROPERTIES MGMT INC  
100 VISTA ROYALE BLVD  
VERO BEACH FL 32962-3750  
US

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

59-2122883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNON, CHARLES  
3405 OCEAN DR  
VERO BEACH FL 32963

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | CAMPBELL, MELFORT         |                                            |
| STREET ADDRESS | 2636 OCEAN DR #301        |                                            |
| CITY-ST-ZIP    | VERO BEACH FL 32963       |                                            |
| TITLE          | VPD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | PAUL FOSTER               |                                            |
| STREET ADDRESS | 2636 OCEAN DR 105         |                                            |
| CITY-ST-ZIP    | VERO BCH FL               |                                            |
| TITLE          | TS                        | <input type="checkbox"/> Delete            |
| NAME           | SEEBECK, ROBERT           |                                            |
| STREET ADDRESS | 2636 OCEAN DR #302        |                                            |
| CITY-ST-ZIP    | VERO BCH FL 32963         |                                            |
| TITLE          | PD                        | <input type="checkbox"/> Delete            |
| NAME           | WILBURN, PAUL D           |                                            |
| STREET ADDRESS | 2636 OCEAN DR / STE - 206 |                                            |
| CITY-ST-ZIP    | VERO BEACH FL             |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | MACKINNEY, HAROLD         |                                            |
| STREET ADDRESS | 2636 OCEAN DR #406        |                                            |
| CITY-ST-ZIP    | VERO BEACH FL             |                                            |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-ST-ZIP    |                           |                                            |

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Deweese Showell       |                                                                              |
| STREET ADDRESS | 2636 Ocean Drive/#501 |                                                                              |
| CITY-ST-ZIP    | Vero Beach, FL 32963  |                                                                              |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Elise Magnuson        |                                                                              |
| STREET ADDRESS | 2636 Ocean Drive/303  |                                                                              |
| CITY-ST-ZIP    | Vero Beach, FL 32963  |                                                                              |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Thomas Berry          |                                                                              |
| STREET ADDRESS | 2636 Ocean Drive/#402 |                                                                              |
| CITY-ST-ZIP    | Vero Beach, FL 32963  |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| 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)(i), 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:

*Harold Mackinney* - PRESIDENT 3-30-00 561-231-4983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)