## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 754462** 

FILED Apr 26, 2008 Secretary of State

Entity Name: RON-E CONDOMINIUM ASSOCIATION, INC.

Entity Na	me: RON-EC	ONDOMINIUM ASSOCIATI	ON, INC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
309 SOUT APT. 1 LAKE WO	TH L ST. PRTH, FL 3346	O US	309 SOUTH L ST. LAKE WORTH, FL 334	460 US	
Current N	Mailing Addres	s:	New Mailing Address	New Mailing Address:	
309 SOUT APT. 1 LAKE WO	ГН L ST. PRTH, FL 3346	O US	309 SOUTH L ST. APT. 3 LAKE WORTH, FL 334	460 US	
FEI Number	: 59-2133697	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
300 SOUT SUITE C LANTANA The above	BARBARA TH DIXIE HWY. A, FL 33462 US e named entity s e of Florida.		e purpose of changing its registered	office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () NIEMINEM, KAI 309 SOUTH L S LAKE WORTH,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () BIDER, THOMA 309 SOUTH L S LAKE WORTH,	T. UNIT 1	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PDS () Delete LUCAS, FRANCES E 309 SOUTH L ST. UNIT 3 LAKE WORTH, FL 33460 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MD () LUCAS, JOSEP 309 SOUTH L S LAKE WORTH,	T. UNIT 3	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J LUCAS MD 04/26/2008