

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760568

1. Entity Name

RIO DEL MAR CONDOMINIUM NO. TWENTY-SEVEN ASSOCIA

Principal Place of Business

107 RIO DEL MAR ROAD, UNIT C
ST AUGUSTINE FL 32084

Mailing Address

107 RIO DEL MAR ROAD, UNIT C
ST AUGUSTINE FL 32084-6473

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

NOT APPLICABLE

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

SPLANE, GEORGE

107 RIO DEL MAR RD, UNIT C
ST. AUGUSTINE FL 32084

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

TITLE SD MOROSKY, ED ☒ Delete
NAME
STREET ADDRESS 107 RIO DEL MAR RD #B
CITY-ST-ZIP ST AUGUSTINE FL

TITLE TD SPLANE, GEORGE ☐ Delete
NAME
STREET ADDRESS 107 RIO DEL MAR RD, UNIT C
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE PD STOGSDILL, DOROTHY ☐ Delete
NAME
STREET ADDRESS 107-A RIO DEL MAR RD. UN.A
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS SHERIDA, WELKER
CITY-ST-ZIP 107 RIO DEL MAR RD UNIT B

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE *George Splane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90120 008 ****61.25

00000143



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)