2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2006 8:00 am Secretary of State **DOCUMENT # 760795** 1. Entity Name 05-04-2006 90243 044 ****61.25 RIO DEL MAR CONDOMINIUM NO. NINETEEN ASSOCIATION INC. Principal Place of Business Mailing Address 123 RIO DEL MAR ROAD 123 RIO DEL MAR ROAD SAINT AUGUSTINE FL 32080 SAINT AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2473695 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAU, EVAN D 123-B RIO DEL MAR ST AUGUSTINE FL 32084 Zip Code **32080** AWGWSTINE 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 reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change Addition NELSON, DONALD NAME STREET ADDRESS 123-A RIO DEL MAR STREET ADDRESS ST AUGUSTINE FL CITY-ST-7IP CITY-ST-ZIP VD Delete TITLE TITLE Change ☐ Addition NELSON, JEAN NAME NAME NEWON JEAN 123-A RIO DEL MAR STREET ADDRESS STREET ADDRESS 3A RIO DEL MAR IRD ST AUGUSTINE FL CITY-ST-78 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAU, EVAN STREET ADDRESS 123-B RIO DEL MAR STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change ☐ Addition DAVID BRITTON IL3C ALO DEL MAR RD. HAAKE, NINA NAME NAME STREET ADDRESS 123C RIO DEL MAR STREET ADDRESS CITY-ST-ZIE ST AUGUSTINE FL CITY-ST-ZIP AUGUSTINE PL 32080 TITLE TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 furstee 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:

E. ndson

4/18/01

FILED

904-471-4206