

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90216 025 \*\*\*\*61.25

**DOCUMENT # 760795**

**1. Entity Name**  
**RIO DEL MAR CONDOMINIUM NO. NINETEEN ASSOCIATION INC.**



**Principal Place of Business**  
**123 RIO DEL MAR ROAD**  
**ST AUGUSTINE FL 32084**

**Mailing Address**  
**123 RIO DEL MAR ROAD**  
**ST AUGUSTINE FL 32084**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **32080**

Country

Zip **32080**

Country

**4. FEI Number 59-2473695**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**NAU, EVAN D**  
**123-B RIO DEL MAR**  
**ST AUGUSTINE FL 32084**

**7. Name and Address of New Registered Agent**

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. 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

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

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **PD** ☐ Delete  
**NAME** **NELSON, DONALD**  
**STREET ADDRESS** **123-A RIO DEL MAR**  
**CITY-ST-ZIP** **ST AUGUSTINE FL**

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

**TITLE** **VD** ☐ Delete  
**NAME** **NELSON, JEAN**  
**STREET ADDRESS** **123-A RIO DEL MAR**  
**CITY-ST-ZIP** **ST AUGUSTINE FL**

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

**TITLE** **ST** ☐ Delete  
**NAME** **NAU, EVAN**  
**STREET ADDRESS** **123-B RIO DEL MAR**  
**CITY-ST-ZIP** **ST AUGUSTINE FL**

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

**TITLE** **D** ☒ Delete  
**NAME** **ODELL, RODNEY**  
**STREET ADDRESS** **123-C RIO DEL MAR**  
**CITY-ST-ZIP** **ST AUGUSTINE FL**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D HAAKE, NINA**  
**STREET ADDRESS** **123-C RIO DEL MAR**  
**CITY-ST-ZIP** **ST Augustine, FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/28/03**

**904-268-9800**

CR2E037 (10/02)