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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762538

(7)

RIO DEL MAR CONDOMINIUM NO. TWELVE ASSOCIATION I NC.

837 DONALD ST IACKSOMMILLE EL 32205

Principal Place of Business

Mailing Address

1837 DONALD ST JACKSONVILLE FL 32205-9101

## FILED Mar 06 1997 8:00am Secretary of State



ACKSONVILLE I	L 32205	JACKSONVILLE FL 32205-9101								
						3. Date Incorporated or Qualified 03/22/1982	3a. Date 03/	of Last Re <b>06/1996</b>	eport	
2. Principal F	Place of Business	2a. Mailing Address	ling Address			4. FEI Number		App	olied For	
21	26				59-2954834			Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22		27						Fee Re	·	
City & Star	le	City & State				6. Election Campaign Financing	_	\$5.00		
23	Country	28		ountry		Trust Fund Contribution	<u>LJ</u>	Added to		
Zip	Country	Zip	$\vdash$	ountry		8. This corporation has liability for i	ntangible ta: ] Yes 🏻 🔲		199.032,	
24]	25 25 Name and Address of Current	25     29     30     me and Address of Current Registered Agent				Florida Statutes L Yes L No  10. Name and Address of New Registered Agent				
	<b>5.</b> 744.00 III 0 715.00 01 0 01.00.			81	Name					
DOMONE	D CARV									
DONOHER, GARY					82 Street Address (P.O. Box Number is Not Acceptable)					
1837 DONALD ST. JACKSONVILLE FL 32205				63						
JACKSUI	WILLE PL 32205				- 4.		···	1		
				84	City		┡┖╽	85 Zip C		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	es, the	above	-named corp	poration submits this statement for the p	urpose of cl	nanging its	registered	
office or agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 617.0503, Flo	authori. orida S	zeo by tatutes	, the corpora s.	tion's board of directors. I hereby accep	ot the appoir	iimeni as i	registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOT)	E: Regist	ered Age	ent signature requi	lred when reinstaling)	DATE			
12.	OFFICERS AND	D DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 12	
TITLE	PST	DELETE	1.	TITLE			Ľ	Change	Addition	
NAME	DONOHER, GARY		1.3	2 NAME						
STREET ADDRESS	126-C RIO DEL MAR RD.		1.3	3 STREET	ADDRESS	•				
CITY-ST-ZIP	ST. AUGUSTINE FL		1.0	4 CITY - S	IT-ZIP					
TITLE	D	DELETE	2.	TITLE				Change	Addition	
NAME	DONOHER, GARY		2.	2 NAME						
STREET AUDRESS	1837 DONALD ST.		2:	3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		2.	2.4 CITY-ST-ZIP						
THE	D DELETE			3.1 TITLE				Change	Addition	
NAME	PERSICO, ANTHONY		3.2	2 NAME						
STREET ADDRESS	295 SEAHORSE AVE		3.3	3 STREET	ADDRESS					
CITY - S1 - ZIP	ST. AUGUSTINE FL		3.4	4. CITY-	SY-21P					
TITLE	D	☐ DELETE	4.	1 TITLE	l			] Change	Addition	
NAME	CHIPMAN, LOUISE		4.	2 NAME						
STREET ADDRESS	10908 CHALLEUX CT.		4.2	3 STREE1	ADORESS					
CITY - ST - ZIP	JACKSONVILLE FL		4.	4 CITY-S	ST-ZIP					
TITLE		DELETE	5.	1 TITLE				Change	Addition	
NAME			5.	2 NAME						
STREET ADDRESS			5.	3 STREET	ADDRESS					
CiTY-ST-ZIP			5.	4 City-5	ST-21P					
THTLE		☐ DELETE	6.	1 TITLE			L.	Change	☐ Addition	
NAME			6.	2 NAME						
STREET ADDRESS			6.	3 STREET	ADDRESS					
CITY-ST-ZIP				4 CITY-S						
14. I do here	by certify that the information supplied	d with this filing does not quali	fy for t	he exe	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further c	ertify that	the	

I. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(I), Forida Statutes. Flurtier certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

ING OFFICER OR DIRECTOR

2-24-9

Daytime Phone 8004617