

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762538

1. Entity Name

RIO DEL MAR CONDOMINIUM NO. TWELVE ASSOCIATION I

Principal Place of Business

1837 DONALD ST
JACKSONVILLE FL 32205

Mailing Address

1837 DONALD ST
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-2954834

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONOHER, GARY
1837 DONALD ST.
JACKSONVILLE FL 32205

DENA TUTEN
5495 AIA S.
ST. AUGUSTINE, FL
32080

7. Name and Address of New Registered Agent

Name DENA TUTEN

Street Address (P.O. Box Number is Not Acceptable)

5495 AIA SOUTH

City ST. AUGUSTINE FL Zip Code 32080

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

Dena Tuten

DENA TUTEN

4/20/01

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

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PST	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONOHER, GARY		NAME HERMAN SMITH
STREET ADDRESS	126-C RIO DEL MAR RD.		STREET ADDRESS 1200 OAKVILLE-WALTER RD
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY-ST-ZIP NEW BOSTON, MI 48164-9061
TITLE	D	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOHER, GARY		
STREET ADDRESS	1837 DONALD ST.		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSICO, ANTHONY		
STREET ADDRESS	295 SEAHORSE AVE.		
CITY-ST-ZIP	ST. AUGUSTINE FL		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPMAN, LOUISE		
STREET ADDRESS	10908 CHALLEUX CT.		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Herbany S. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMAN SMITH

4/20/01

904-461-9696

Date

Daytime Phone #

0310/96

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90272 015 ****61.25

645086



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)