

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-05-2002 90136 020 ****61.25

DOCUMENT # 763641

1. Entity Name

RIO DEL MAR CONDOMINIUM NO. FOUR ASSOCIATION INC

Principal Place of Business

Mailing Address

110A, RIO DEL MAR
 ST. AUGUSTINE FL 32084

102 SANDPIPER DR.
 BAYVILLE NJ 08721

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

59-2876728

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

FRANK, PETRAS
 110 B RIO DEL MAR
 ST. AUGUSTINE FL 32084

(CHANGE)

Name **PASCHAL F. FITZGERALD**

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

110A RIO-DEL-MAR ROAD

City **ST. AUGUSTINE**

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 *Paschal F. Fitzgerald* (PASCHAL F. FITZGERALD) 1/18/02
 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 **PSD** ☒ Delete
 NAME **EDITH COLE**
 STREET ADDRESS **110 C ROG DELMAR**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **D** ☒ Change ☐ Addition
 NAME **MICHAEL COLE**
 STREET ADDRESS **110C RIO-DEL-MAR RD.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **D** ☒ Delete
 NAME **PETRAS, FRANK A.**
 STREET ADDRESS **110 B. RIO DEL MAR**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☒ Change ☐ Addition
 NAME **AGNES PETRAS**
 STREET ADDRESS **110B. RIO-DEL-MAR RD**
 CITY-ST-ZIP **ST. AUGUSTINE FL. 32080**

TITLE **D** ☐ Delete
 NAME **FITZGERALD, PASCHAL**
 STREET ADDRESS **110 A RIO DELMAR**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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

TITLE ☐ Delete
 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: *Paschal F. Fitzgerald* PASCHAL F. FITZGERALD 1/18/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/01)