

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90082 027 ****61.25

DOCUMENT # 763641

1. Entity Name

RIO DEL MAR CONDOMINIUM NO. FOUR ASSOCIATION INC



Principal Place of Business

**110A RIO DEL MAR
ST. AUGUSTINE FL 32084**

Mailing Address

**103 SANDPIPER DR
BAYVILLE NJ 08724**

11008124



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2876728**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FITZGERALD, PASCHAL
110A RIO-DEL MAR RD
ST AUGUSTINE FL 32080**

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 **D** ☐ Delete
NAME **COLE, MICHAEL**
STREET ADDRESS **110C RIO-DEL-MAR RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

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

TITLE **D** ☐ Delete
NAME **~~COLE, MICHAEL~~ ACNES RETRAS**
STREET ADDRESS **110B RIO-DEL-MAR RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ Change ☐ Addition
NAME **DANIEL TIERNEY**
STREET ADDRESS **110B RIO-DEL-MAR**
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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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 FITZGERALD** *Paschal Fitzgerald* 4/20/03 **904**
471-5938

CR2E037 (10/02)