

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:54

DOCUMENT # 765724 (0)

1. Corporation Name  
RIO DEL MAR CONDOMINIUM NO. TWENTY-SIX ASSOCIATI  
ON INC.

Principal Place of Business Mailing Address  
109A RIO DEL MAR RD. 109A RIO DEL MAR RD.  
ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>11/12/1982   | 3a. Date of Last Report<br>04/26/1994    |
| 4. FBI Number<br>59-2327507   | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional<br>Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input type="checkbox"/>   | \$68.75 Supplemental<br>Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.                  | Suite, Apt. #, etc.       |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

9. Name and Address of Current Registered Agent

MAURER, FRANK  
109C RIO DEL MAR RD  
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | DP                     | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALLEN, JOHN            | 12 NAME   |   |
| STREET ADDRESS             | 109 A RIO DEL MAR RD   | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | ST AUGUSTINE, FL 00000 | 14 CITY - ST - ZIP                                    |   |
| TITLE                      | D                      | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COMBS, ROBERT          | 22 NAME   |   |
| STREET ADDRESS             | 109B RIO DEL MAR RD    | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | ST. AUGUSTINE FL       | 2 4 CITY - ST - ZIP                                   |   |
| TITLE                      | STD                    | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAURER, FRANK          | 32 NAME   |   |
| STREET ADDRESS             | 109C RIO DEL MAR RD    | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | ST AUGUSTINE FL        | 34 CITY - ST - ZIP                                    |   |
| TITLE                      |                        | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4 2 NAME  |   |
| STREET ADDRESS             |                        | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                        | 44 CITY - ST - ZIP                                    |   |
| TITLE                      |                        | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 52 NAME   |   |
| STREET ADDRESS             |                        | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                        | 54 CITY - ST - ZIP                                    |   |
| TITLE                      |                        | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 62 NAME   |   |
| STREET ADDRESS             |                        | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                        | 64 CITY - ST - ZIP                                    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further 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: Frank J. Maurer Date: 3/21/95 610  
FRANK J. MAURER 250 3761