FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 767367

1. Corporation Name

RIO DEL MAR CONDOMINIUM NO. FIVE ASSOCIATION INC

Principal Place of Business 112C RIO DEL MAR RD. ST AUGUSTINE FL 32084

2. Principal Place of Business

Mailing Address

112C RIO DEL MAR RD. ST AUGUSTINE FL 32084

2a. Mailing Address

26

FILED Apr 07, 1999 8:00 am \$\frac{5}{8}\$ Secretary of State

04-07-1999 90042 018 ****61.25



3. Date Incorporated or Qualifed

03/09/1983

22 27 28 28 28 28 29 30 59-2345323			26		03/09/1983	
City & State City & State	<u> </u>	#, etc.	Suite, Apt. #, etc.			Applied For
City & State 28	1		27		59-2345323	Not Applicat
Zip Country Zip		97	City & State	2 - 5 2 7 75.	5 Certificate of Status Desired	*\$8:75 Additional
Zip Country 2p 30			28		5. Carticale of Status Books	Fee Required
25 29 30 Trust Fund Contribution		Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
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### City ### As Zip Code ### As Z	,			83		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS TITLE DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DATE 12. NAME STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 13. STREET ADDRESS 11.1 TITLE DS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 11.2 NAME VANDE GAIFT, SOLLY A 1.3 STREET ADDRESS 11.2 RAIGUSTINE FL 14. CITY-ST-ZIP ST AUGUSTINE FL 22 NAME STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 00000 24. CITY-ST-ZIP TITLE DV AMME REYNOLDS, HOWARD 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE DV Change		, L 0200 .		94 City		85 Zip Code
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithre required when reinstating) DATE	office or re-	egistered agent, or both, in the State of	if Florida. Such change was autho	onzed by the co	orporation's board of directors. I hereby accept the appoin	nument as registered
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CITY-ST-ZIP 14. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	ITY-ST-ZIP				D. M. (10 or (0)/) Fladd Chatter 1 ft diagram	ate , ab , a ab , in farments

indicated on this annual report or supplies with this limit does not quality for the exemploid stated in 35-200 (1), 1 limit of states. 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, with all other like empowered.

SIGNATURE:

