

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767368 (4)

1. Corporation Name

RIO DEL MAR CONDOMINIUM NO. TWENTY FIVE ASSOCIAT
ION INC.

Principal Place of Business

111 RIO DEL MAR RD.
UNIT C
ST. AUGUSTINE FL 32084

Mailing Address

111 RIO DEL MAR RD.
UNIT C
ST. AUGUSTINE FL 32084



3. Date Incorporated or Qualified

03/09/1983

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEMR, FRED C. JR.
111 C RIO DEL MAR ROAD
ST AUGUSTINE FL 32084

81

Name

Frances Bennett

82

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

111 C RIO DEL MAR ROAD

83

84

City

ST AUGUSTINE

FL

85

Zip Code

32084

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 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 617.0503, Florida Statutes.

SIGNATURE

Frances Bennett

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZINSKY, MARK J.	
STREET ADDRESS	14 FOXFORD COURT	
CITY-ST-ZIP	GIBSONIA PA	
TITLE	FD	<input type="checkbox"/> DELETE
NAME	LEMR, FRED C. JR.	
STREET ADDRESS	111C RIO DEL MAR RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRAPO, ED	
STREET ADDRESS	RT 2, BOX 524	
CITY-ST-ZIP	MICANOPY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEMR, RUTH W.	
STREET ADDRESS	111 C RIO DEL MAR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIK/TERAS/SCY
2.3 STREET ADDRESS	FRANCIS BENNETT
2.4 CITY-ST-ZIP	111-C RIO DEL MAR RD
	ST AUGUSTINE, FL 32084
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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:

Frances Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4 96

Date

471-14890

826 3220

CR2E037 (12/95)