


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767368** (4)  
1. Corporation Name  
**RIO DEL MAR CONDOMINIUM NO. TWENTY FIVE ASSOCIATION INC.**

Principal Place of Business <b>111 RIO DEL MAR RD. UNIT C ST. AUGUSTINE FL 32084</b>	Mailing Address <b>111 RIO DEL MAR RD. UNIT C ST. AUGUSTINE FL 32084-6473</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/09/1983</b>	3a. Date of Last Report <b>04/10/1996</b>
				4. FEI Number <b>59-2350508</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BENNETT, FRANCES 111 C RIO DEL MAR ROAD ST AUGUSTINE FL 32084</b>		10. Name and Address of New Registered Agent 81 Name <b>Miles L. Mitchell</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>111C Rio Del Mar Rd.</b> 83 84 City <b>St. Augustine</b> FL 85 Zip Code <b>32084</b>	
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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 *Miles L. Mitchell* DTS *Miles L. Mitchell* 3-6-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZINSKY, MARK J. 14 FOXFORD COURT GIBSONIA PA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	OTS BENNETT, FRANCES 111-C RIO DEZ MAR ROAD ST AUGUSTINE FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>Miles L. Mitchell</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>111C Rio Del Mar Rd.</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>St. Augustine, FL 32084</b>
TITLE	VD CRAPO, ED RT 2, BOX 524 MICANOPY FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S LEMR, RUTH W. 111 C RIO DEL MAR ST AUGUSTINE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *Miles L. Mitchell* *Miles L. Mitchell* 2-19-97 904-471-5921  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0001321

CR2E037 (9/96)